

JOURNAL OF THE HOUSE

Second Regular Session, 98th GENERAL ASSEMBLY

FIFTY-FOURTH DAY, MONDAY, APRIL 18, 2016

The House met pursuant to adjournment.

Speaker Richardson in the Chair.

Prayer by Representative John McCaherty.

Father, today we come to You with humility, admiration, and repentance. Help us to follow You, to be kind one to another; even when we disagree let us lift each other up and not tear each other down. Forgive us when we fail You, when we fail each other, and remind us that You are our comforter, our guidance, and source of strength when we need help. Guide us in the last four weeks of session, guide our decisions and our attitudes. Let us do what is good, right, and acceptable in Your eyes, and that which is best for the great State of Missouri.

And the House says, "Amen!"

The Pledge of Allegiance to the flag was recited.

The Journal of the fifty-third day was approved as printed.

HOUSE RESOLUTIONS

Representative Moon offered House Resolution No. 2483.

Representative Moon offered House Resolution No. 2484.

COMMITTEE REPORTS

Committee on Fiscal Review, Chairman Allen reporting:

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **HB 1611**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **CCR#2 SS SCS HB 2203, as amended**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **SCS SBs 586 & 651**, begs leave to report it has examined the same and recommends that it **Do Pass**.

Mr. Speaker: Your Committee on Fiscal Review, to which was referred **HCS SS SB 621**, begs leave to report it has examined the same and recommends that it **Do Pass**.

THIRD READING OF HOUSE BILLS

HB 1972, relating to victims of crimes, was taken up by Representative Crawford.

On motion of Representative Crawford, **HB 1972** was read the third time and passed by the following vote:

AYES: 145

Adams	Alferman	Allen	Anders	Anderson
Andrews	Arthur	Austin	Bahr	Barnes
Basye	Beard	Bernskoetter	Berry	Black
Bondon	Brattin	Brown 57	Brown 94	Burlison
Burns	Butler	Carpenter	Chipman	Colona
Conway 10	Conway 104	Cookson	Corlew	Cornejo
Crawford	Cross	Curtman	Davis	Dogan
Dohrman	Dugger	Dunn	Eggleston	Ellington
Engler	English	Entlicher	Fitzpatrick	Fitzwater 144
Fitzwater 49	Fraker	Frederick	Gannon	Green
Haefner	Hansen	Harris	Hicks	Higdon
Hill	Hoskins	Houghton	Hubrecht	Hummel
Johnson	Jones	Justus	Kelley	Kendrick
Kidd	King	Kirkton	Koenig	Kolkmeyer
Korman	Kratky	LaFaver	Lair	Lant
Lauer	Lavender	Leara	Lichtenegger	Love
Lynch	Mathews	May	McCaherty	McCann Beatty
McCreery	McDaniel	McDonald	McGaugh	McGee
McNeil	Meredith	Messenger	Miller	Mims
Mitten	Montecillo	Morgan	Morris	Muntzel
Neely	Newman	Nichols	Norr	Otto
Pace	Parkinson	Peters	Pfautsch	Phillips
Pierson	Pietzman	Pike	Plocher	Redmon
Rehder	Reiboldt	Remole	Rhoads	Rizzo
Roden	Roeber	Rone	Ross	Rowden
Rowland 155	Rowland 29	Runions	Shaul	Shull
Shumake	Solon	Sommer	Spencer	Swan
Taylor 139	Taylor 145	Vescovo	Walker	Webber
Wiemann	Wilson	Wood	Zerr	Mr. Speaker

NOES: 004

Hurst	Marshall	Moon	Pogue
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PRESENT: 000

ABSENT: 013

Cierpiot	Curtis	Flanigan	Franklin	Gardner
Haahr	Hinson	Hough	Hubbard	Ruth
Smith	Walton Gray	White		

VACANCIES: 001

Speaker Richardson declared the bill passed.

HB 1611, relating to elementary and secondary education, was taken up by Representative Swan.

On motion of Representative Swan, **HB 1611** was read the third time and passed by the following vote:

AYES: 106

Alferman	Allen	Anders	Anderson	Andrews
Austin	Barnes	Basye	Beard	Bernskoetter
Berry	Black	Bondon	Brattin	Brown 57
Brown 94	Burlison	Burns	Colona	Conway 10
Conway 104	Cookson	Corlew	Cornejo	Crawford
Cross	Curtis	Davis	Dogan	Dohrman
Dugger	Ellington	Engler	English	Entlicher
Fitzpatrick	Fitzwater 144	Fitzwater 49	Fraker	Gannon
Green	Haefner	Hansen	Harris	Hicks
Higdon	Hinson	Hoskins	Houghton	Hummel
Johnson	Justus	Kelley	King	Koenig
Kolkmeier	Korman	LaFaver	Lair	Lant
Lauer	Leara	Lichtenegger	Love	Lynch
Mathews	McCaherty	McDaniel	McGaugh	Messenger
Morris	Muntzel	Neely	Peters	Pfautsch
Phillips	Pierson	Pike	Plocher	Redmon
Rehder	Reiboldt	Remole	Rhoads	Roden
Roeber	Rone	Ross	Rowden	Rowland 155
Runions	Shaul	Shull	Shumake	Solon
Sommer	Swan	Taylor 139	Taylor 145	Vescovo
Walker	Wiemann	Wilson	Wood	Zerr
Mr. Speaker				

NOES: 042

Adams	Arthur	Bahr	Carpenter	Chipman
Curtman	Dunn	Eggleston	Hill	Hubrecht
Hurst	Kendrick	Kidd	Kirkton	Kratky
Lavender	Marshall	May	McCann Beatty	McCreery
McDonald	McGee	McNeil	Meredith	Miller
Mims	Mitten	Montecillo	Moon	Morgan
Newman	Nichols	Norr	Otto	Pace
Parkinson	Pietzman	Pogue	Rizzo	Rowland 29
Spencer	Webber			

PRESENT: 001

Frederick

ABSENT: 013

Butler	Cierpiot	Flanigan	Franklin	Gardner
Haahr	Hough	Hubbard	Jones	Ruth
Smith	Walton Gray	White		

VACANCIES: 001

Speaker Richardson declared the bill passed.

PERFECTION OF HOUSE BILLS - APPROPRIATIONS

HCS HB 2017, to appropriate money for capital improvement and other purposes, was taken up by Representative Fitzpatrick.

On motion of Representative Fitzpatrick, **HCS HB 2017** was adopted.

On motion of Representative Fitzpatrick, **HCS HB 2017** was ordered perfected and printed.

HCS HB 2018, to appropriate money for purposes for the several departments and offices of state government and capital improvements, was taken up by Representative Fitzpatrick.

Representative Fitzpatrick offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 2018, Page 4, Section 18.075, Line 4, by inserting immediately after said line the following new line:

"From Board of Public Buildings Bond Proceeds Fund (various).....4,290,000"; and

Further amend said bill, Page 4, Section 18.085, Line 3, by deleting "with a township form of government and"; and

Further amend said bill, Page 5, Section 18.120, Line 3, by adding immediately thereafter the word campus the following:

", local matching funds must be provided on a 50/50 state/local match rate in order to be eligible for state funds pursuant to Section 173.480, RSMo"; and

Further amend said bill, Page 6, Section 18.125, Line 1, by deleting "Metropolitan Community College" and inserting in lieu thereof the following:

"the Coordinating Board for Higher Education"; and

Further amend said bill, page and section, Line 3, by adding immediately thereafter the word campus the following:

", local matching funds must be provided on a 50/50 state/local match rate in order to be eligible for state funds pursuant to Section 173.480, RSMo"; and

Further amend said bill by adjusting section and bill totals accordingly.

On motion of Representative Fitzpatrick, **House Amendment No. 1** was adopted.

Representative Fitzpatrick offered **House Amendment No. 2.**

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 2018, Page 5, Section 18.095, Line 1, by deleting said section in its entirety; and

Further amend said bill by adjusting section and bill totals accordingly.

On motion of Representative Fitzpatrick, **House Amendment No. 2** was adopted.

Representative Fitzpatrick offered **House Amendment No. 3.**

House Amendment No. 3

AMEND House Committee Substitute for House Bill No. 2018, Page 1, Section 18.010, Line 5, by deleting "7,399,999" and inserting "7,400,000"; and

Further amend said bill, Page 6, Section 18.135, Line 5, by deleting "1" and inserting "1,000,000"; and

Further amend said bill by adjusting section and bill totals accordingly.

On motion of Representative Fitzpatrick, **House Amendment No. 3** was adopted.

Representative Fitzpatrick offered **House Amendment No. 4.**

House Amendment No. 4

AMEND House Committee Substitute for House Bill No. 2018, Page 1, Section 18.020, Line 4, by deleting "25,806,352" and inserting "5,433,535"; and

Further amend said bill, Page 2, Section 18.021, Line 4, by deleting "9,103,852" and inserting "1,776,122"; and

Further amend said bill and page, Section 18.022, Line 4, by deleting "9,460,295" and inserting "2,132,565"; and

Further amend said bill and page, Section 18.023, Line 5, by deleting "30,469,694" and inserting "6,415,403"; and

Further amend said bill and page, Section 18.024, Line 4, by deleting "16,060,774" and inserting "3,381,601"; and

Further amend said bill and page, Section 18.025, Line 6, by deleting "5,113,766" and inserting "1,076,705"; and

Further amend said bill and page, Section 18.026, Line 4, by deleting "29,981,855" and inserting "6,312,688"; and

Further amend said bill and page, Section 18.027, Line 4, by deleting "6,348,787" and inserting "1,336,739"; and

Further amend said bill and page, Section 18.028, Line 4, by deleting "1,000,000" and inserting "210,550";
and

Further amend said bill, Page 3, Section 18.030, Line 5, by deleting "43,531,658" and inserting
"9,165,603"; and

Further amend said bill and page, Section 18.031, Line 4, by deleting "2,934,582" and inserting "617,877";
and

Further amend said bill and page, Section 18.035, Line 6, by deleting "1,864,847" and inserting "392,644";
and

Further amend said bill, Page 4, Section 18.065, Line 5, by deleting "3,331,213" and inserting "701,388";
and

Further amend said bill by adjusting section and bill totals accordingly.

On motion of Representative Fitzpatrick, **House Amendment No. 4** was adopted.

On motion of Representative Fitzpatrick, **HCS HB 2018, as amended**, was adopted.

On motion of Representative Fitzpatrick, **HCS HB 2018, as amended**, was ordered
perfected and printed.

PERFECTION OF HOUSE BILLS

HCS HB 1448, relating to taxation of utilities used in food preparation, was taken up by
Representative Redmon.

Representative Mitten offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 1448, Page 1, In the Title, Lines 2-3, by deleting the
words "of utilities used in food preparation"; and

Further amend said bill and page, Section A, Line 2, by inserting after all of said section and line the
following:

**"144.016. 1. Beginning October 1, 2017, the tax levied and imposed under sections 144.010 to
144.527 and sections 144.600 to 144.746 on all retail sales of feminine hygiene products shall be levied at a
rate that shall not exceed the sales tax levied on the retail sale of food.**

**2. For purposes of this section, the term "feminine hygiene products" shall mean tampons, pads,
liners, and cups.";** and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Representative Corlew raised a point of order that **House Amendment No. 1** goes
beyond the scope of the bill.

The Chair ruled the point of order well taken.

Representative Ellington offered **House Amendment No. 2.**

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 1448, Page 1, In the Title, Lines 2-3, by deleting the words, "taxation of utilities used in food preparation" and inserting in lieu thereof the word, "utilities"; and

Further amend said bill, Page 2, Section 144.055, Line 26, by inserting after all of said section and line the following:

"386.810. 1. The provisions of this section shall be known and may be cited as the "Customer Utility Protection Act".

2. Notwithstanding any other provision of law, if a public utility discontinues service for any customer for any reason, such public utility shall not charge such customer fees or any other penalties in excess of the fees allowed under this section for reconnecting the service. Such customer's payments for the utility's service shall not increase as a result of the discontinuation of service, except as allowed under this section.

3. A public utility may charge a one-time fee for reconnecting its services after a discontinuation of service. Such one-time fee shall not exceed twenty dollars.

4. A public utility may charge a customer, whose service it has discontinued and then reconnected, a monthly fee over a twelve-month period beginning with the date that the utility reconnected the service. Such monthly fee shall not exceed five dollars. The utility may charge such monthly fee in addition to the one-time fee described under subsection 3 of this section.

5. Notwithstanding any other provision of law, a public utility shall not require a customer to pay any balance owed to the utility in order to receive restoration of service.

6. If a public utility seeks a rate increase, the public utility may use, as evidence in any proceeding related to the proposed rate increase, any losses under this section."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Representative Wiemann raised a point of order that **House Amendment No. 2** goes beyond the scope of the bill.

The Chair ruled the point of order well taken.

On motion of Representative Redmon, **HCS HB 1448** was adopted.

On motion of Representative Redmon, **HCS HB 1448** was ordered perfected and printed.

HB 2028, relating to liquor control, was taken up by Representative Hoskins.

Representative Hoskins offered **House Amendment No. 1.**

House Amendment No. 1

AMEND House Bill No. 2028, Page 1, Section 311.060, Line 5, by deleting the number "6" and inserting in lieu thereof the number "7"; and

Further amend said bill, page and section, Lines 10-11, by deleting all of said lines and inserting in lieu thereof the following:

"business as such dealer any person whose license has been revoked **unless five years have passed since the revocation as provided under subsection 6 of this section**, or who has been"; and

Further amend said bill and section, Page 2, Line 22, by deleting all of said line and inserting in lieu thereof the following:

"except as otherwise provided under subsections 6 and 7 of this section,"; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Hoskins, **House Amendment No. 1** was adopted.

Representative Conway (104) offered **House Amendment No. 2**.

House Amendment No. 2

AMEND House Bill No. 2028, Page 3, Section 311.060, Line 77, by inserting after all of said section and line the following:

"311.735. 1. There is hereby created in the state treasury the "Division of Alcohol and Tobacco Control Fund". The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the fund shall be used solely by the division of alcohol and tobacco control for the administration, [of this chapter and] **implementation, and enforcement of sections 311.010 to 311.880 and sections 407.925 to 407.934**, and any duties under such [chapter and] sections relating to licensing, training, technical assistance, and regulations **needed for administering, implementing, and enforcing such sections**.

2. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

3. Appropriation of funds by the general assembly from the fund shall be used to support the division of alcohol and tobacco control for the purposes provided under subsection 1 of this section."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Conway (104), **House Amendment No. 2** was adopted.

Representative Alferman offered **House Amendment No. 3**.

House Amendment No. 3

AMEND House Bill No. 2028, Page 3, Section 311.060, Line 77, by inserting after all of said section and line, the following:

"311.205. 1. Any person licensed to sell liquor at retail by the drink for consumption on the premises where sold may use a [table tap dispensing] **self-dispensing** system [to allow], **which is monitored and controlled by the licensee and allows** patrons of the licensee to [dispense] **self-dispense** beer [at a table] **or wine**. Before a patron may dispense beer **or wine**, an employee of the licensee must first authorize an amount of beer **or wine**, not to exceed thirty-two ounces **of beer or sixteen ounces of wine** per patron per authorization, to be dispensed by the [table tap dispensing] **self-dispensing** system.

2. No provision of law or rule or regulation of the supervisor shall be interpreted to allow any wholesaler, distributor, or manufacturer of intoxicating liquor to furnish [table tap dispensing] **self-dispensing** or cooling equipment or provide services for the maintenance, sanitation, or repair of [table tap dispensing] **self-dispensing** systems."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Alferman, **House Amendment No. 3** was adopted.

Representative Rowden offered **House Amendment No. 4**.

House Amendment No. 4

AMEND House Bill No. 2028, Page 3, Section 311.060, Line 77, by inserting immediately after said line the following:

"311.950. 1. Notwithstanding any provision of law to the contrary, entertainment facilities including, but not limited to, arenas and stadiums used primarily for concerts, shows, and sporting events of any kind and entities selling concessions at such facilities that possess all necessary and valid licenses and permits to allow for the sale of alcoholic beverages shall not be prohibited from selling and delivering alcoholic beverages purchased through the use of mobile applications to individuals attending events on the premises of such facilities if the facilities are in compliance with all applicable state laws and regulations regarding the sale of alcoholic beverages.

2. For purposes of this section, the term "mobile application" shall mean a computer program or software designed to be used on hand-held mobile devices such as cellular phones and tablet computers.

3. Any employee of a facility or entity selling concessions at a facility who delivers an alcoholic beverage purchased through a mobile application to an individual shall require the individual to show a valid, government-issued identification document that includes the photograph and birth date of the individual, such as a driver's license, and shall verify that the individual is twenty-one years of age or older before the individual is allowed possession of the alcoholic beverage.

4. The division of alcohol and tobacco control may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.";
and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Rowden, **House Amendment No. 4** was adopted by the following vote, the ayes and noes having been demanded by Representative Hummel:

AYES: 087

Alferman	Allen	Anderson	Austin	Bahr
Barnes	Berry	Bondon	Brattin	Brown 94
Burlison	Chipman	Conway 104	Cookson	Corlew
Cornejo	Cross	Curtis	Curtman	Davis
Eggleston	Engler	Fitzpatrick	Fitzwater 144	Fitzwater 49
Fraker	Franklin	Frederick	Gannon	Haefner
Hansen	Hicks	Hill	Hoskins	Hough
Houghton	Hurst	Johnson	Justus	Kelley
Koenig	Kolkmeyer	Korman	Lair	Lant
Lauer	Leara	Lichtenegger	Love	Lynch
McDaniel	McGaugh	Messenger	Miller	Morris
Neely	Parkinson	Peters	Pfautsch	Phillips
Pike	Plocher	Redmon	Rehder	Remole
Roden	Roeber	Rone	Ross	Rowden
Rowland 155	Shaul	Shull	Shumake	Solon

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Sommer	Spencer	Swan	Taylor 139	Taylor 145
Vescovo	Walker	Wiemann	Wilson	Wood
Zerr	Mr. Speaker			

NOES: 052

Adams	Anders	Andrews	Arthur	Beard
Brown 57	Burns	Butler	Carpenter	Colona
Conway 10	Crawford	Dugger	Dunn	Ellington
English	Entlicher	Green	Harris	Hubrecht
Hummel	Kendrick	Kidd	King	Kirkton
Kratky	LaFaver	Lavender	Marshall	May
McCann Beatty	McCreery	McDonald	McNeil	Meredith
Mims	Mitten	Montecillo	Moon	Morgan
Newman	Nichols	Norr	Otto	Pace
Pierson	Pogue	Reiboldt	Rizzo	Rowland 29
Runions	Webber			

PRESENT: 000

ABSENT: 023

Basye	Bernskoetter	Black	Cierpiot	Dogan
Dohrman	Flanigan	Gardner	Haahr	Higdon
Hinson	Hubbard	Jones	Mathews	McCaherty
McGee	Muntzel	Pietzman	Rhoads	Ruth
Smith	Walton Gray	White		

VACANCIES: 001

Representative Taylor (145) assumed the Chair.

On motion of Representative Hoskins, **HB 2028, as amended**, was ordered perfected and printed.

HB 1852, relating to refills of eye drop prescriptions, was taken up by Representative Rowland (155).

On motion of Representative Rowland (155), **HB 1852** was ordered perfected and printed.

HB 1867, relating to workers' compensation, was taken up by Representative Fitzpatrick.

Representative Dohrman offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Bill No. 1867, Page 2, Section 287.037, Line 32, by inserting immediately after all of said section and line the following:

"287.090. 1. This chapter shall not apply to:

(1) Employment of farm labor, domestic servants in a private home, including family chauffeurs, or occasional labor performed for and related to a private household;

(2) Qualified real estate agents and direct sellers as those terms are defined in Section 3508 of Title 26 United States Code;

(3) Employment where the person employed is an inmate confined in a state prison, penitentiary or county or municipal jail, or a patient or resident in a state mental health facility, and the labor or services of such inmate, patient, or resident are exclusively on behalf of the state, county or municipality having custody of said inmate, patient, or resident. Nothing in this subdivision is intended to exempt employment where the inmate, patient or resident was hired by a state, county or municipal government agency after direct competition with persons who are not inmates, patients or residents and the compensation for the position of employment is not contingent upon or affected by the worker's status as an inmate, patient or resident;

(4) Except as provided in section 287.243, volunteers of a tax-exempt organization which operates under the standards of Section 501(c)(3) **or Section 501(c)(19)** of the federal Internal Revenue Code, where such volunteers are not paid wages, but provide services purely on a charitable and voluntary basis;

(5) Persons providing services as adjudicators, sports officials, or contest workers for interscholastic activities programs or similar amateur youth programs who are not otherwise employed by the sponsoring school, association of schools or nonprofit tax-exempt organization sponsoring the amateur youth programs.

2. Any employer exempted from this chapter as to the employer or as to any class of employees of the employer pursuant to the provisions of subdivision (3) of subsection 1 of section 287.030 or pursuant to subsection 1 of this section may elect coverage as to the employer or as to the class of employees of that employer pursuant to this chapter by purchasing and accepting a valid workers' compensation insurance policy or endorsement, or by written notice to the group self-insurer of which the employer is a member. The election shall take effect on the effective date of the workers' compensation insurance policy or endorsement, or by written notice to the group self-insurer of which the employer is a member, and continue while such policy or endorsement remains in effect or until further written notice to the group self-insurer of which the employer is a member. Any such exempt employer or employer with an exempt class of employees may withdraw such election by the cancellation or nonrenewal of the workers' compensation insurance policy or endorsement, or by written notice to the group self-insurer of which the employer is a member. In the event the employer is electing out of coverage as to the employer, the cancellation shall take effect on the later date of the cancellation of the policy or the filing of notice pursuant to subsection 3 of this section.

3. Any insurance company authorized to write insurance under the provisions of this chapter in this state shall file with the division a memorandum on a form prescribed by the division of any workers' compensation policy issued to any employer and of any renewal or cancellation thereof.

4. The mandatory coverage sections of this chapter shall not apply to the employment of any member of a family owning a family farm corporation as defined in section 350.010 or to the employment of any salaried officer of a family farm corporation organized pursuant to the laws of this state, but such family members and officers of such family farm corporations may be covered under a policy of workers' compensation insurance if approved by a resolution of the board of directors. Nothing in this subsection shall be construed to apply to any other type of corporation other than a family farm corporation.

5. A corporation may withdraw from the provisions of this chapter, when there are no more than two owners of the corporation who are also the only employees of the corporation, by filing with the division notice of election to be withdrawn. The election shall take effect and continue from the date of filing with the division by the corporation of the notice of withdrawal from liability under this chapter. Any corporation making such an election may withdraw its election by filing with the division a notice to withdraw the election, which shall take effect thirty days after the date of the filing, or at such later date as may be specified in the notice of withdrawal."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Dohrman, **House Amendment No. 1** was adopted.

On motion of Representative Fitzpatrick, **HB 1867, as amended**, was ordered perfected and printed.

HB 2065, relating to data storage centers, was taken up by Representative Berry.

On motion of Representative Berry, **HB 2065** was ordered perfected and printed.

HB 2093, relating to the use of restraints in overdose treatment, was taken up by Representative Chipman.

On motion of Representative Chipman, **HB 2093** was ordered perfected and printed.

THIRD READING OF HOUSE CONCURRENT RESOLUTIONS

HCR 61, relating to the publishing of the Revised Statutes of Missouri, was taken up by Representative Engler.

On motion of Representative Engler, **HCR 61** was read the third time and passed by the following vote:

AYES: 142

Adams	Alferman	Allen	Anders	Anderson
Andrews	Arthur	Austin	Bahr	Barnes
Beard	Bernskoetter	Berry	Bondon	Brattin
Brown 57	Brown 94	Burlison	Burns	Butler
Carpenter	Chipman	Conway 10	Conway 104	Corlew
Cornejo	Crawford	Cross	Curtis	Curtman
Davis	Dogan	Dohrman	Dunn	Eggleston
Ellington	Engler	English	Entlicher	Fitzpatrick
Fitzwater 144	Fitzwater 49	Fraker	Franklin	Frederick
Gannon	Green	Haefner	Hansen	Harris
Hicks	Hill	Hinson	Hoskins	Houghton
Hubrecht	Hummel	Hurst	Johnson	Jones
Justus	Kelley	Kendrick	Kidd	King
Kirkton	Koenig	Kolkmeier	Korman	Kratky
LaFaver	Lair	Lant	Lavender	Leara
Lichtenegger	Love	Lynch	Marshall	Mathews
May	McCaherty	McCann Beatty	McCreery	McDaniel
McDonald	McGaugh	McNeil	Meredith	Messenger
Miller	Mims	Mitten	Montecillo	Moon
Morgan	Morris	Neely	Newman	Nichols
Norr	Otto	Pace	Parkinson	Peters
Pfausch	Phillips	Pierson	Pike	Plocher
Pogue	Redmon	Rehder	Reiboldt	Remole
Rhoads	Rizzo	Roden	Roeber	Rone
Ross	Rowden	Rowland 155	Rowland 29	Runions
Shaul	Shull	Shumake	Solon	Sommer
Spencer	Swan	Taylor 139	Taylor 145	Vescovo
Walker	Webber	Wiemann	Wilson	Wood
Zerr	Mr. Speaker			

NOES: 000

PRESENT: 000

ABSENT: 020

Basye	Black	Cierpiot	Colona	Cookson
Dugger	Flanigan	Gardner	Haahr	Higdon
Hough	Hubbard	Lauer	McGee	Muntzel
Pietzman	Ruth	Smith	Walton Gray	White

VACANCIES: 001

Representative Taylor (145) declared the bill passed.

PERFECTION OF HOUSE BILLS

HCS HB 1928, relating to dyslexia, was taken up by Representative Burlison.

Representative Hubrecht offered **House Amendment No. 1**.

House Amendment No. 1

AMEND House Committee Substitute for House Bill No. 1928, Page 2, Section 161.1005, Line 23, by inserting immediately after the word "**dyslexia**," the following:

"The department of elementary and secondary education shall provide informational material regarding dyslexia and related disorders on its website at no cost for school districts and teachers."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Speaker Richardson resumed the Chair.

On motion of Representative Hubrecht, **House Amendment No. 1** was adopted.

Representative Wood offered **House Amendment No. 2**.

House Amendment No. 2

AMEND House Committee Substitute for House Bill No. 1928, Page 2, Section 633.420, Line 14, by inserting immediately after the word "**duties**" the following:

", any such support involving monetary expenses shall first be approved by the chairman of the joint committee on education"; and

Further amend said bill, page and section, Line 16, by deleting the phrase "**general assembly**" and inserting in lieu thereof the phrase "**joint committee on education**"; and

Further amend said bill, page and section, Line 19, by deleting the word "**eighteen**" and inserting in lieu thereof the word "**twenty**"; and

Further amend said bill and section, Page 3, Lines 44-45, by deleting all of said lines and inserting in lieu thereof the following:

**"Language Hearing Association;
(12) A certified academic language therapist recommended by the Academic Language Therapists Association who is a resident of this state;"**; and

Further amend said bill, page and section by renumbering accordingly; and

Further amend said bill, page and section, Line 52, by deleting the word "**and**"; and

Further amend said bill, page and section, Line 54, by deleting all of said line and inserting in lieu thereof the following:

**"Association; and
(18) A pediatrician with knowledge of dyslexia."; and**

Further amend said bill and section, Page 3, Line 65, by deleting the word "**legislature**" and inserting in lieu thereof the phrase "**joint committee on education**"; and

Further amend said bill and section, Page 4, Line 91, by deleting the phrase "**general assembly**" and inserting in lieu thereof the phrase "**joint committee on education**"; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Wood, **House Amendment No. 2** was adopted.

Representative Swan offered **House Amendment No. 3**.

House Amendment No. 3

AMEND House Committee Substitute for House Bill No. 1928, Page 2, Section 161.1005, Line 23, by inserting after all of said line and section the following:

"167.265. 1. A program to provide [guidance] **school** counselors in grades kindergarten through nine is established. Any public elementary school, middle school, junior high school, or combination of such schools, containing such grades which meet the criteria pursuant to this section shall be eligible for a state financial supplement to employ a [guidance] **school** counselor. Eligibility criteria are: the school shall have a minimum enrollment of one hundred twenty-five pupils per school site, shall have a breakfast program, and shall serve at least forty percent of its lunches to pupils who are eligible for free or reduced price meals according to federal guidelines.

2. A school district which contains such eligible schools may apply to the department of elementary and secondary education for a state financial supplement to employ a [guidance] **school** counselor in those schools named in the application and in no other schools of the district. The state financial supplement shall not exceed ten thousand dollars per [guidance] **school** counselor. No more than one [guidance] **school** counselor per school shall be supplemented by the state pursuant to this section, except that a district may apply for an additional [guidance] **school** counselor if the enrollment at the school equals four hundred or more pupils. [Guidance] **School** counselors thus employed pursuant to this section shall at a minimum engage in direct counseling activities with the pupils of the school during a portion of the school day which represents that portion of the [guidance] **school** counselor's salary which is supplemented by the state pursuant to this section.

3. The state board of education shall promulgate rules and regulations for the implementation of this section. Such rules shall include identifying any qualifications for [guidance] **school** counselors which may be in addition to those promulgated pursuant to section 168.021, establishing application procedures for school districts, determining a method of awarding state financial supplements in the event that the number of applications exceeds the amounts appropriated therefor, and establishing an amount of state financial supplement per [guidance] **school** counselor based upon the salary schedule of the district.

167.266. 1. Beginning with the 2016-17 school year, the board of education of a school district or a charter school that is a local educational agency may establish an academic and career counseling program in cooperation with parents and the local community that is in the best interest of and meets the needs of students in the community. School districts and local educational agencies may use the Missouri comprehensive guidance and counseling program as a resource for the development of a district's or local

educational agency's program. The department of elementary and secondary education shall develop a process for recognition of a school district's academic and career counseling program established in cooperation with parents and the local community no later than January 1, 2017.

2. The state board of education shall promulgate rules and regulations for the implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

168.303. The state board of education shall adopt rules to facilitate job-sharing positions for classroom teachers, as the term "job-sharing" is defined in this section. These rules shall provide that a classroom teacher in a job-sharing position shall receive paid legal holidays, annual vacation leave, sick leave, and personal leave on a pro rata basis. "Job-sharing position" shall mean any position:

- (1) Shared with one other employee;
- (2) Requiring employment of at least seventeen hours per week but not more than twenty hours per week on a regular basis; and
- (3) Requiring at least seventy percent of all time spent in classroom instruction as determined by the employer;

provided that, job-sharing position shall not include instructional support or school services positions including, but not limited to, [guidance] **school** counselor, media coordinator, psychologist, social worker, audiologist, speech and language pathologist, and nursing positions.

168.500. 1. For the purpose of providing career pay, which shall be a salary supplement, for public school teachers, which for the purpose of sections 168.500 to 168.515 shall include classroom teachers, librarians, [guidance] **school** counselors and certificated teachers who hold positions as school psychological examiners, parents as teachers educators, school psychologists, special education diagnosticians and speech pathologists, and are on the district salary schedule, there is hereby created and established a career advancement program which shall be known as the "Missouri Career Development and Teacher Excellence Plan", hereinafter known as the "career plan or program". Participation by local school districts in the career advancement program established under this section shall be voluntary. The career advancement program is a matching fund program. The general assembly may make an annual appropriation to the excellence in education fund established under section 160.268 for the purpose of providing the state's portion for the career advancement program. The "Career Ladder Forward Funding Fund" is hereby established in the state treasury. Beginning with fiscal year 1998 and until the career ladder forward funding fund is terminated pursuant to this subsection, the general assembly may appropriate funds to the career ladder forward funding fund. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the fund shall not be transferred to the credit of the general revenue fund at the end of the biennium. All interest or other gain received from investment of moneys in the fund shall be credited to the fund. All funds deposited in the fund shall be maintained in the fund until such time as the balance in the fund at the end of the fiscal year is equal to or greater than the appropriation for the career ladder program for the following year, at which time all such revenues shall be used to fund, in advance, the career ladder program for such following year and the career ladder [forwarding] **forward** funding fund shall thereafter be terminated.

2. The department of elementary and secondary education, at the direction of the commissioner of education, shall study and develop model career plans which shall be made available to the local school districts. These state model career plans shall:

- (1) Contain three steps or stages of career advancement;
- (2) Contain a detailed procedure for the admission of teachers to the career program;
- (3) Contain specific criteria for career step qualifications and attainment. These criteria shall clearly describe the minimum number of professional responsibilities required of the teacher at each stage of the plan and shall include reference to classroom performance evaluations performed pursuant to section 168.128;
- (4) Be consistent with the teacher certification process recommended by the Missouri advisory council of certification for educators and adopted by the department of elementary and secondary education;

(5) Provide that public school teachers in Missouri shall become eligible to apply for admission to the career plans adopted under sections 168.500 to 168.515 after five years of public school teaching in Missouri. All teachers seeking admission to any career plan shall, as a minimum, meet the requirements necessary to obtain the first renewable professional certificate as provided in section 168.021;

(6) Provide procedures for appealing decisions made under career plans established under sections 168.500 to 168.515.

3. The commissioner of education shall cause the department of elementary and secondary education to establish guidelines for all career plans established under this section, and criteria that must be met by any school district which seeks funding for its career plan.

4. A participating local school district may have the option of implementing a career plan developed by the department of elementary and secondary education or a local plan which has been developed with advice from teachers employed by the district and which has met with the approval of the department of elementary and secondary education. In approving local career plans, the department of elementary and secondary education may consider provisions in the plan of the local district for recognition of teacher mobility from one district to another within this state.

5. The career plans of local school districts shall not discriminate on the basis of race, sex, religion, national origin, color, creed, or age. Participation in the career plan of a local school district is optional, and any teacher who declines to participate shall not be penalized in any way.

6. In order to receive funds under this section, a school district which is not subject to section 162.920 must have a total levy for operating purposes which is in excess of the amount allowed in Section 11(b) of Article X of the Missouri Constitution; and a school district which is subject to section 162.920 must have a total levy for operating purposes which is equal to or in excess of twenty-five cents on each hundred dollars of assessed valuation.

7. The commissioner of education shall cause the department of elementary and secondary education to regard a speech pathologist who holds both a valid certificate of license to teach and a certificate of clinical competence to have fulfilled the standards required to be placed on stage III of the career program, provided that such speech pathologist has been employed by a public school in Missouri for at least five years and is approved for placement at such stage III by the local school district.

8. Beginning in fiscal year 2012, the state portion of career ladder payments shall only be made available to local school districts if the general assembly makes an appropriation for such program. Payments authorized under sections 168.500 to 168.515 shall only be made available in a year for which a state appropriation is made. Any state appropriation shall be made prospectively in relation to the year in which work under the program is performed.

9. Nothing in this section shall be construed to prohibit a local school district from funding the program for its teachers for work performed in years for which no state appropriation is made available.

168.520. 1. For the purpose of providing career pay, which shall be a salary supplement for teachers, librarians, [guidance] **school** counselors and certificated teachers who hold positions as school psychological examiners, parents-as-teachers educators, school psychologists, special education diagnosticians or speech pathologists in Missouri schools for the severely disabled, the Missouri School for the Blind and the Missouri School for the Deaf, there is hereby established a career advancement program which shall become effective no later than September 1, 1986. Participation in the career advancement program by teachers shall be voluntary.

2. The department of elementary and secondary education with the recommendation of teachers from the state schools, shall develop a career plan. This state career plan shall include, but need not be limited to, the provisions of state model career plans as contained in subsection 2 of section 168.500.

3. After a teacher who is duly employed by a state school qualifies and is selected for participation in the state career plan established under this section, such a teacher shall not be denied the career pay authorized by such plan except as provided in subdivisions (1), (2), and (3) of section 168.510.

4. Each teacher selected to participate in the career plan established under this section who meets the requirements of such plan shall receive a salary supplement as provided in subdivisions (1), (2), and (3) of subsection 1 of section 168.515.

5. The department of elementary and secondary education shall annually include within its budget request to the general assembly sufficient funds for the purpose of providing career pay as established under this section to those eligible teachers employed in Missouri schools for the severely disabled, the Missouri School for the Deaf, and the Missouri School for the Blind.

192.915. 1. To increase awareness of the risks associated with use of over-the-counter weight loss pills by persons under the age of eighteen, the department of health and senior services shall implement an education and awareness program. Such program shall provide accurate information regarding weight loss and the dangers of using over-the-counter weight loss pills by the teenage population without the consultation of a licensed physician. Such program shall focus on education and awareness programs for teenagers, parents, siblings and other family members of teenagers, teachers, [guidance] **school** counselors, superintendents and principals.

2. The department of health and senior services may use the following strategies for raising public awareness of the risks associated with use of over-the-counter weight loss pills by persons under the age of eighteen:

- (1) An outreach campaign utilizing print, radio, and television public service announcements, advertisements, posters, and other materials;
- (2) Community forums; and
- (3) Health information and risk-factor assessment at public events.

3. The department of elementary and secondary education, in conjunction with the department of health and senior services, shall distribute information pursuant to this program.

4. The department may promulgate rules and regulations to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Swan, **House Amendment No. 3** was adopted.

Representative Montecillo offered **House Amendment No. 4**.

House Amendment No. 4

AMEND House Committee Substitute for House Bill No. 1928, Page 1, In the Title, Line 2, by deleting the word "dyslexia" and inserting in lieu thereof the words "elementary and secondary education"; and

Further amend said bill, Page 2, Section 161.1005, Line 23, by inserting after all of said section and line the following:

"161.1050. 1. There is hereby established within the department of elementary and secondary education the "Trauma-Informed Schools Initiative".

2. The department of elementary and secondary education shall consult the department of mental health and the department of social services for assistance in fulfilling the requirements of this section.

3. The department of elementary and secondary education shall:

- (1) Provide information regarding the trauma-informed approach to all school districts;**
- (2) Offer training on the trauma-informed approach to all school districts, which shall include information on how schools can become trauma-informed schools; and**

(3) Develop a website about the trauma-informed schools initiative that includes information for schools and parents regarding the trauma-informed approach and a guide for schools on how to become trauma-informed schools.

4. Each school district shall provide the address of the website described under subdivision (3) of subsection 3 of this section to all parents of the students in its district before October first of each school year.

5. For purposes of this section, the following terms mean:

- (1) "Trauma-informed approach", an approach that involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan;**
- (2) "Trauma-informed school", a school that:**
 - (a) Realizes the widespread impact of trauma and understands potential paths for recovery;**
 - (b) Recognizes the signs and symptoms of trauma in students, teachers, and staff;**
 - (c) Responds by fully integrating knowledge about trauma into its policies, procedures, and practices; and**
 - (d) Seeks to actively resist re-traumatization.**

161.1055. 1. Subject to appropriations, the department of elementary and secondary education shall establish the "Trauma-Informed Schools Pilot Program".

2. Under the trauma-informed schools pilot program, the department of elementary and secondary education shall choose five schools to receive intensive training on the trauma-informed approach.

3. The five schools chosen for the pilot program shall be located in the following areas:

- (1) One public school located in a metropolitan school district;
- (2) One public school located in a home rule city with more than four hundred thousand inhabitants and located in more than one county;
- (3) One public school located in a school district that has most or all of its land area located in a county with a charter form of government and with more than nine hundred fifty thousand inhabitants;
- (4) One public school located in a school district that has most or all of its land area located in a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants; and
- (5) One public school located in any one of the following counties:
 - (a) A county of the third classification without a township form of government and with more than forty-one thousand but fewer than forty-five thousand inhabitants;
 - (b) A county of the third classification without a township form of government and with more than six thousand but fewer than seven thousand inhabitants and with a city of the fourth classification with more than eight hundred but fewer than nine hundred inhabitants as the county seat;
 - (c) A county of the third classification with a township form of government and with more than thirty-one thousand but fewer than thirty-five thousand inhabitants;
 - (d) A county of the third classification without a township form of government and with more than fourteen thousand but fewer than sixteen thousand inhabitants and with a city of the third classification with more than five thousand but fewer than six thousand inhabitants as the county seat;
 - (e) A county of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants and with a city of the fourth classification with more than three thousand but fewer than three thousand seven hundred inhabitants as the county seat;
 - (f) A county of the third classification without a township form of government and with more than eighteen thousand but fewer than twenty thousand inhabitants and with a city of the third classification with more than six thousand but fewer than seven thousand inhabitants as the county seat;
 - (g) A county of the third classification without a township form of government and with more than fourteen thousand but fewer than sixteen thousand inhabitants and with a city of the fourth classification with more than one thousand nine hundred but fewer than two thousand one hundred inhabitants as the county seat;
 - (h) A county of the third classification without a township form of government and with more than thirty-seven thousand but fewer than forty-one thousand inhabitants and with a city of the fourth classification with more than eight hundred but fewer than nine hundred inhabitants as the county seat;
 - (i) A county of the third classification with a township form of government and with more than twenty-eight thousand but fewer than thirty-one thousand inhabitants; or
 - (j) A county of the third classification without a township form of government and with more than twelve thousand but fewer than fourteen thousand inhabitants and with a city of the fourth classification with more than five hundred but fewer than five hundred fifty inhabitants as the county seat.

4. The department of elementary and secondary education shall:

- (1) Train the teachers and administrators of the five schools chosen for the pilot program regarding the trauma-informed approach and how to become trauma-informed schools;
- (2) Provide the five schools with funds to implement the trauma-informed approach; and
- (3) Closely monitor the progress of the five schools in becoming trauma-informed schools and provide further assistance if necessary.

5. The department of elementary and secondary education shall terminate the trauma-informed schools pilot program on August 28, 2019. Before December 31, 2019, the department of elementary and secondary education shall submit a report to the general assembly that contains the results of the pilot program, including any benefits experienced by the five schools chosen for the program.

6. (1) There is hereby created in the state treasury the "Trauma-Informed Schools Pilot Program Fund". The fund shall consist of any appropriations to such fund. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements of public moneys in accordance with distribution requirements and procedures developed by the department of

elementary and secondary education. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely for the administration of this section.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

7. For purposes of this section, the following terms mean:

(1) "Trauma-informed approach", an approach that involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan;

(2) "Trauma-informed school", a school that:

(a) Realizes the widespread impact of trauma and understands potential paths for recovery;

(b) Recognizes the signs and symptoms of trauma in students, teachers, and staff;

(c) Responds by fully integrating knowledge about trauma into its policies, procedures, and practices; and

(d) Seeks to actively resist re-traumatization.

8. The provisions of this section shall expire December 31, 2019."; and

Further amend said bill, Page 4, Section 633.420, Line 96, by inserting after all of said section and line the following:

"Section B. Section 161.1050 of this act shall become effective July 1, 2017."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

On motion of Representative Montecillo, **House Amendment No. 4** was adopted.

On motion of Representative Burlison, **HCS HB 1928, as amended**, was adopted.

On motion of Representative Burlison, **HCS HB 1928, as amended**, was ordered perfected and printed.

HB 2237, relating to University of Missouri extension councils, was taken up by Representative Rowden.

On motion of Representative Rowden, **HB 2237** was ordered perfected and printed.

COMMITTEE REPORTS

Committee on Government Efficiency, Chairman Curtman reporting:

Mr. Speaker: Your Committee on Government Efficiency, to which was referred **HB 2391**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 27(7) be referred to the Select Committee on General Laws.

Committee on Health Insurance, Chairman Hansen reporting:

Mr. Speaker: Your Committee on Health Insurance, to which was referred **HB 1405**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Amendment No. 1**, and pursuant to Rule 27(8) be referred to the Select Committee on Insurance.

House Committee Amendment No. 1

AMEND House Bill No. 1405, Page 1, In the Title, Line 3, by deleting the words, "premium rate filings"; and

Further amend said bill, Pages 1 through 4, Section 376.458, Lines 1 through 124, by deleting all of said section and inserting in lieu thereof the following:

"374.185. 1. The director may cooperate, coordinate, and consult with other members of the National Association of Insurance Commissioners, the commissioner of securities, state securities regulators, the division of finance, the division of credit unions, the attorney general, federal banking and securities regulators, the National Association of Securities Dealers (NASD), the United States Department of Justice, the Commodity Futures Trading Commission, [and] the Federal Trade Commission, **and the United States Department of Health and Human Services** to effectuate greater uniformity in insurance and financial services regulation among state and federal governments, and self-regulatory organizations. The director may share records with any aforesaid entity, except that any record that is confidential, privileged, or otherwise protected from disclosure by law shall not be disclosed unless such entity agrees in writing prior to receiving such record to provide it the same protection. No waiver of any applicable privilege or claim of confidentiality regarding any record shall occur as the result of any disclosure.

2. In cooperating, coordinating, consulting, and sharing records and information under this section and in acting by rule, order, or waiver under the laws relating to insurance, the director shall, at the discretion of the director, take into consideration in carrying out the public interest the following general policies:

- (1) Maximizing effectiveness of regulation for the protection of insurance consumers;
- (2) Maximizing uniformity in regulatory standards; and
- (3) Minimizing burdens on the business of insurance, without adversely affecting essentials of consumer protection.

3. The cooperation, coordination, consultation, and sharing of records and information authorized by this section includes:

- (1) Establishing or employing one or more designees as a central electronic depository for licensing and rate and form filings with the director and for records required or allowed to be maintained;
- (2) Encouraging insurance companies and producers to implement electronic filing through a central electronic depository;
- (3) Developing and maintaining uniform forms;
- (4) Conducting joint market conduct examinations and other investigations through collaboration and cooperation with other insurance regulators;
- (5) Holding joint administrative hearings;
- (6) Instituting and prosecuting joint civil or administrative enforcement proceedings;
- (7) Sharing and exchanging personnel;
- (8) Coordinating licensing under section 375.014;
- (9) Formulating rules, statements of policy, guidelines, forms, no action determinations, and bulletins; and
- (10) Formulating common systems and procedures.

376.465. 1. This section shall be known and may be cited as the "Missouri Health Insurance Rate Transparency Act".

2. It is the intent of the Missouri general assembly that the review of health insurance rates as specified in this section is consistent with the general powers of the department as outlined under section 374.010.

3. As used in this section, the following terms mean:

- (1) "Director", the director of the department of insurance, financial institutions and professional registration, or his or her designee;
- (2) "Excepted health benefit plan", a health benefit plan providing the following coverage or any combination thereof:
 - (a) Coverage only for accident insurance, including accidental death and dismemberment insurance;
 - (b) Coverage only for disability income insurance;
 - (c) Credit-only insurance;
 - (d) Short-term medical insurance of less than twelve months' duration; or
 - (e) If provided under a separate policy, certificate, or contract of insurance, any of the following:

- a. Dental or vision benefits;
 - b. Coverage only for a specified disease or illness; or
 - c. Hospital indemnity or other fixed indemnity insurance;
- (3) "Grandfathered health benefit plan", a health benefit plan in the small group market that was issued, or a health benefit plan in the individual market that was purchased, on or before March 23, 2010;
- (4) "Health benefit plan", the same meaning given to such term under section 376.1350; however, for purposes of this section, the term shall exclude plans sold in the large group market, as that term is defined under section 376.450, and shall exclude long-term care and Medicare supplement plans;
- (5) "Health carrier", the same meaning given to such term under section 376.1350;
- (6) "Individual market", the market for health insurance coverage offered directly to individuals and their dependents and not in connection with a group health benefit plan;
- (7) "Small group market", the health insurance market under which individuals obtain health insurance coverage, directly or through an arrangement on behalf of themselves and their dependents, through a group health plan maintained by a small employer, as defined under section 379.930.
4. No health carrier shall deliver, issue for delivery, continue, or renew any health benefit plan until rates have been filed with the director.
5. For excepted health benefit plans, such rates shall be filed, thirty days prior to use, for informational purposes only. Rates shall not be excessive, inadequate, or unfairly discriminatory.
6. For grandfathered health benefit plans, such rates shall be filed, thirty days prior to use, for informational purposes only.
7. (1) For health benefit plans that are not grandfathered health benefit plans or excepted health benefit plans, a health carrier may use rates on the earliest of:
- (a) The date the director determines the rates are reasonable;
 - (b) The date the health carrier notifies the director of its intent to use rates that the director has deemed unreasonable; or
 - (c) Sixty days after the date of filing rates with the director.
- (2) The director may notify the health carrier within sixty days of the date of filing rates with the director that the health carrier has failed to provide sufficient rate filing documentation to review the proposed rates. The health carrier may, as described in this section, provide additional information to support the rate filing.
8. For health benefit plans described under subsection 7 of this section, all proposed rates and rate filing documentation shall be submitted in the form and content prescribed by rule, which is consistent with the requirements of 45 CFR 154, and shall include review standards and criteria consistent with 45 CFR 154.
9. The director shall determine by rule when rates filed under this section shall be made publicly available. Rate filing documentation and other supporting information that is a trade secret or of a proprietary nature, and has been designated as such by the health carrier, shall not be considered a public record.
10. For rates filed for health benefit plans described under subsection 7 of this section, the director shall:
- (1) Provide a means by which the public can submit written comments concerning proposed rate increases;
 - (2) Review proposed rates and rate filing documentation;
 - (3) Determine that a proposed rate is an unreasonable rate if the increase is an excessive rate, an inadequate rate, an unfairly discriminatory rate, or an unjustified rate, consistent with 45 CFR 154; and
 - (4) Within sixty days after submission, provide a written notice to the health carrier detailing whether the proposed rates are reasonable or unreasonable. For proposed rates deemed unreasonable, the written notice shall specify deficiencies and provide detailed reasons for the director's decision that the proposed rate is excessive, inadequate, unjustified, or unfairly discriminatory.
11. Within thirty days after receiving written notice of the director's determination that the proposed rates are unreasonable, as described under subsection 10 of this section, a health carrier may amend its rates, request reconsideration based upon additional information, or implement the proposed rates. The health carrier shall notify the director of its intention no later than thirty days after its receipt of the written notice of the determination of unreasonable rates.

12. If a health carrier implements a rate that the director has determined is unreasonable under subsection 10 of this section, the department shall make such determination public, in a form and manner determined by rule.

13. For health benefit plans described under subsection 7 of this section, the director shall publish final rates on the department's website no earlier than thirty days prior to the first day of the annual open enrollment period in the individual market for the applicable calendar year. The final rate is the rate that will be implemented by the health carrier on a specified date.

14. Time frames described under this section may be extended upon mutual agreement between the director and the health carrier.

15. The director may promulgate rules to promote health insurance rate transparency including, but not limited to, prescribing the form and content of the information required to be submitted and of the standards of review that are consistent with 45 CFR 154. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

16. This section shall apply to health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2018. In order to ensure that health benefit plans comply with the provisions of this section, the director shall promulgate rules regarding the initial implementation of the provisions of this section. Such rules shall be effective no later than March 1, 2017, and, for health benefit plans described under subsection 7 of this section, shall include, but not be limited to, the form and content of the information required to be submitted and of the standards of review, consistent with 45 CFR 154.

379.934. 1. **For health benefit plans purchased on or before March 23, 2010**, a small employer carrier may establish a class of business only to reflect substantial differences in expected claims experience or administrative costs related to the following reasons:

- (1) The small employer carrier uses more than one type of system for the marketing and sale of health benefit plans to small employers;
- (2) The small employer carrier has acquired a class of business from another small employer carrier; or
- (3) The small employer carrier provides coverage to one or more association groups that meet the requirements of subdivision (5) of subsection 1 of section 376.421.

2. A small employer carrier may establish up to nine separate classes of business under subsection 1 of this section. A small employer carrier which immediately prior to the effective date of sections 379.930 to 379.952 had established more than nine separate classes of business may, on the effective date of sections 379.930 to 379.952, establish no more than twelve separate classes of business, and shall reduce the number of such classes to eleven within one year after the effective date of sections 379.930 to 379.952; ten within two years after such date; and nine within three years after such date.

3. The director may promulgate rules to provide for a period of transition in order for a small employer carrier to come into compliance with subsection 2 of this section in the instance of acquisition of an additional class of business from another small employer carrier.

4. The director may approve the establishment of additional classes of business upon application to the director and a finding by the director that such action would enhance the efficiency and fairness of the small employer marketplace.

379.936. 1. Premium rates for health benefit plans **purchased on or before March 23, 2010, and that are** subject to sections 379.930 to 379.952, shall be subject to the following provisions:

- (1) The index rate for a rating period for any class of business shall not exceed the index rate for any other class of business by more than twenty percent;
- (2) For a class of business, the premium rates charged during a rating period to small employers with similar case characteristics for the same or similar coverage, or the rates that could be charged to such employers under the rating system for that class of business shall not vary from the index rate by more than thirty-five percent of the index rate;
- (3) The percentage increase in the premium rate charged to a small employer for a new rating period may not exceed the sum of the following:

(a) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period. In the case of a health benefit plan into which the small employer carrier is no longer enrolling new small employers, the small employer carrier shall use the percentage change in the base premium rate, provided that such change does not exceed, on a percentage basis, the change in the new business premium rate for the most similar health benefit plan into which the small employer carrier is actively enrolling new small employers;

(b) Any adjustment, not to exceed fifteen percent annually and adjusted pro rata for rating periods of less than one year, due to the claim experience, health status or duration of coverage of the employees or dependents of the small employer as determined from the small employer carrier's rate manual for the class of business; and

(c) Any adjustment due to change in coverage or change in the case characteristics of the small employer, as determined from the small employer carrier's rate manual for the class of business;

(4) Adjustments in rates for claim experience, health status and duration of coverage shall not be charged to individual employees or dependents. Any such adjustment shall be applied uniformly to the rates charged for all employees and dependents of the small employer;

(5) Premium rates for health benefit plans shall comply with the requirements of this section notwithstanding any assessments paid or payable by small employer carriers pursuant to sections 379.942 and 379.943;

(6) A small employer carrier may utilize the employer's industry as a case characteristic in establishing premium rates, provided that the rate factor associated with any industry classification shall not vary by more than ten percent from the arithmetic mean of the highest and lowest rate factors associated with all industry classifications;

(7) In the case of health benefit plans issued prior to July 1, 1993, a premium rate for a rating period may exceed the ranges set forth in subdivisions (1) and (2) of this subsection for a period of three years following July 1, 1993. In such case, the percentage increase in the premium rate charged to a small employer for a new rating period shall not exceed the sum of the following:

(a) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period. In the case of a health benefit plan into which the small employer carrier is no longer enrolling new small employers, the small employer carrier shall use the percentage change in the base premium rate, provided that such change does not exceed, on a percentage basis, the change in the new business premium rate for the most similar health benefit plan into which the small employer carrier is actively enrolling new small employers;

(b) Any adjustment due to change in coverage or change in the case characteristics of the small employer, as determined from the carrier's rate manual for the class of business;

(8) (a) Small employer carriers shall apply rating factors, including case characteristics, consistently with respect to all small employers in a class of business. Rating factors shall produce premiums for identical groups which differ only by amounts attributable to plan design and do not reflect differences due to the nature of the groups assumed to select particular health benefit plans;

(b) A small employer carrier shall treat all health benefit plans issued or renewed in the same calendar month as having the same rating period;

(9) For the purposes of this subsection, a health benefit plan that utilizes a restricted provider network shall not be considered similar coverage to a health benefit plan that does not utilize such a network, provided that utilization of the restricted provider network results in substantial differences in claims costs;

(10) A small employer carrier shall not use case characteristics, other than age, sex, industry, geographic area, family composition, and group size without prior approval of the director;

(11) The director may promulgate rules to implement the provisions of this section and to assure that rating practices used by small employer carriers are consistent with the purposes of sections 379.930 to 379.952, including:

(a) Assuring that differences in rates charged for health benefit plans by small employer carriers are reasonable and reflect objective differences in plan design, not including differences due to the nature of the groups assumed to select particular health benefit plans; and

(b) Prescribing the manner in which case characteristics may be used by small employer carriers.

2. A small employer carrier shall not transfer a small employer involuntarily into or out of a class of business. A small employer carrier shall not offer to transfer a small employer into or out of a class of business unless such offer is made to transfer all small employers in the class of business without regard to case characteristics, claim experience, health status or duration of coverage.

3. The director may suspend for a specified period the application of subdivision (1) of subsection 1 of this section as to the premium rates applicable to one or more small employers included within a class of business of a small employer carrier for one or more rating periods upon a filing by the small employer carrier and a finding by the director either that the suspension is reasonable in light of the financial condition of the small employer carrier or that the suspension would enhance the efficiency and fairness of the marketplace for small employer health insurance.

4. In connection with the offering for sale of any health benefit plan to a small employer, a small employer carrier shall make a reasonable disclosure, as part of its solicitation and sales materials, of all of the following:

(1) The extent to which premium rates for a specified small employer are established or adjusted based upon the actual or expected variation in claims costs or actual or expected variation in health status of the employees of the small employer and their dependents;

(2) The provisions of the health benefit plan concerning the small employer carrier's right to change premium rates and factors, other than claim experience, that affect changes in premium rates;

(3) The provisions relating to renewability of policies and contracts; and

(4) The provisions relating to any preexisting condition provision.

5. (1) Each small employer carrier shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles.

(2) Each small employer carrier shall file with the director annually on or before March fifteenth an actuarial certification certifying that the carrier is in compliance with sections 379.930 to 379.952 and that the rating methods of the small employer carrier are actuarially sound. Such certification shall be in a form and manner, and shall contain such information, as specified by the director. A copy of the certification shall be retained by the small employer carrier at its principal place of business.

(3) A small employer carrier shall make the information and documentation described in subdivision (1) of this [section] **subsection** available to the director upon request.

379.938. 1. A health benefit plan subject to sections 379.930 to 379.952 shall be renewable with respect to all eligible employees and dependents, at the option of the small employer, except in any of the following cases:

(1) The plan sponsor fails to pay a premium or contribution in accordance with the terms of a health benefit plan or the health carrier has not received a timely premium payment;

(2) The plan sponsor performs an act or practice that constitutes fraud, or makes an intentional misrepresentation of material fact under the terms of the coverage;

(3) Noncompliance with the carrier's minimum participation requirements;

(4) Noncompliance with the carrier's employer contribution requirements;

(5) In the case of a small employer carrier that offers coverage through a network plan, there is no longer any enrollee under the health benefit plan who lives, resides or works in the service area of the health insurance issuer and the small employer carrier would deny enrollment with respect to such plan under subsection 4 of this section;

(6) The small employer carrier elects to discontinue offering a [particular type of health benefit plan] **product, as defined in 45 CFR 144.103**, in the state's small group market. A type of [health benefit plan] **product** may be discontinued by a small employer carrier in such market only if such carrier:

(a) Issues a notice to each plan sponsor provided coverage of such type in the small group market (and participants and beneficiaries covered under such coverage) of the discontinuation at least ninety days prior to the date of discontinuation of the coverage;

(b) Offers to each plan sponsor provided coverage of such type the option to purchase all other health benefit plans currently being offered by the small employer carrier in the state's small group market; and

(c) Acts uniformly without regard to the claims experience of those plan sponsors or any health status-related factor relating to any participants or beneficiaries covered or new participants or beneficiaries who may become eligible for such coverage;

(7) A small employer carrier elects to discontinue offering all health insurance coverage in the small group market in this state. A small employer carrier shall not discontinue offering all health insurance coverage in the small employer market unless:

(a) The carrier provides notice of discontinuation to the director and to each plan sponsor (and participants and beneficiaries covered under such coverage) at least one hundred eighty days prior to the date of the discontinuation of coverage; and

(b) All health insurance issued or delivered for issuance in Missouri in the small employer market is discontinued and coverage under such health insurance is not renewed;

(8) In the case of health insurance coverage that is made available in the small group market only through one or more bona fide associations, the membership of an employer in the association (on the basis of which the coverage is provided) ceases but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor relating to any covered individual;

(9) The director finds that the continuation of the coverage would:

(a) Not be in the best interests of the policyholders or certificate holders; or

(b) Impair the carrier's ability to meet its contractual obligations.

In such instance the director shall assist affected small employers in finding replacement coverage.

2. A small employer carrier that elects not to renew a health benefit plan under subdivision (7) of subsection 1 of this section shall be prohibited from writing new business in the small employer market in this state for a period of five years from the date of notice to the director.

3. In the case of a small employer carrier doing business in one established geographic service area of the state, the provisions of this section shall apply only to the carrier's operations in such service area.

4. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a product offered to a group health plan in the small group market if, for coverage that is available in such market other than only through one or more bona fide associations, such modification is consistent with state law and effective on a uniform basis among group health plans with that product. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the group health plan's health insurance coverage unless a longer term is specified in the policy or contract.

5. In the case of health insurance coverage that is made available by a small employer carrier only through one or more bona fide associations, references to plan sponsor in this section is deemed, with respect to coverage provided to a small employer member of the association, to include a reference to such employer.

379.940. 1. (1) Every small employer carrier shall, as a condition of transacting business in this state with small employers, actively offer to small employers all health benefit plans it actively markets to small employers in this state, except for plans developed for health benefit trust funds.

(2) (a) A small employer carrier shall issue a health benefit plan to any eligible small employer that applies for either such plan and agrees to make the required premium payments and to satisfy the other reasonable provisions of the health benefit plan not inconsistent with sections 379.930 to 379.952.

(b) **For health benefit plans purchased on or before March 23, 2010**, in the case of a small employer carrier that establishes more than one class of business pursuant to section 379.934, the small employer carrier shall maintain and issue to eligible small employers all health benefit plans in each class of business so established. A small employer carrier may apply reasonable criteria in determining whether to accept a small employer into a class of business, provided that:

a. The criteria are not intended to discourage or prevent acceptance of small employers applying for a health benefit plan;

b. The criteria are not related to the health status or claim experience of the small employer;

c. The criteria are applied consistently to all small employers applying for coverage in the class of business; and

d. The small employer carrier provides for the acceptance of all eligible small employers into one or more classes of business. The provisions of this paragraph shall not apply to a class of business into which the small employer carrier is no longer enrolling new small employers.

2. Health benefit plans **purchased on or before March 23, 2010** covering small employers shall comply with the following provisions:

(1) A health benefit plan shall comply with the provisions of sections 376.450 and 376.451.

(2) (a) Except as provided in paragraph (d) of this subdivision, requirements used by a small employer carrier in determining whether to provide coverage to a small employer, including requirements for minimum participation of eligible employees and minimum employer contributions, shall be applied uniformly among all small employers with the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier.

- (b) A small employer carrier shall not require a minimum participation level greater than:
 - a. One hundred percent of eligible employees working for groups of three or less employees; and
 - b. Seventy-five percent of eligible employees working for groups with more than three employees.
- (c) In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider employees or dependents who have qualifying existing coverage in determining whether the applicable percentage of participation is met.
- (d) A small employer carrier shall not increase any requirement for minimum employee participation or modify any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage.
- (3) (a) If a small employer carrier offers coverage to a small employer, the small employer carrier shall offer coverage to all of the eligible employees of a small employer and their dependents who apply for enrollment during the period in which the employee first becomes eligible to enroll under the terms of the plan. A small employer carrier shall not offer coverage to only certain individuals or dependents in a small employer group or to only part of the group.
- (b) A small employer carrier shall not modify a health benefit plan with respect to a small employer or any eligible employee or dependent through riders, endorsements or otherwise, to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.
- (c) An eligible employee may choose to retain their individually underwritten health benefit plan at the time such eligible employee is entitled to enroll in a small employer health benefit plan. If the eligible employee retains their individually underwritten health benefit plan, a small employer may provide a defined contribution through the establishment of a cafeteria 125 plan under section 379.953. Small employers shall establish an equal amount of defined contribution for all plans. If an eligible employee retains their individually underwritten health benefit plan under this subdivision, the provisions of sections 379.930 to 379.952 shall not apply to the individually underwritten health benefit plan.
- 3. (1) Subject to subdivision (3) of this subsection, a small employer carrier shall not be required to offer coverage or accept applications pursuant to subsection 1 of this section in the case of the following:
 - (a) To a small employer, where the small employer is not physically located in the carrier's established geographic service area;
 - (b) To an employee, when the employee does not live, work or reside within the carrier's established geographic service area; or
 - (c) Within an area where the small employer carrier reasonably anticipates, and demonstrates to the satisfaction of the director, that it will not have the capacity within its established geographic service area to deliver service adequately to the members of such groups because of its obligations to existing group policyholders and enrollees.
- (2) A small employer carrier that cannot offer coverage pursuant to paragraph (c) of subdivision (1) of this subsection may not offer coverage in the applicable area to new cases of employer groups with more than fifty eligible employees or to any small employer groups until the later of one hundred eighty days following each such refusal or the date on which the carrier notifies the director that it has regained capacity to deliver services to small employer groups.
- (3) A small employer carrier shall apply the provisions of this subsection uniformly to all small employers without regard to the claims experience of a small employer and its employees and their dependents or any health status-related factor relating to such employees and their dependents.
- 4. A small employer carrier shall not be required to provide coverage to small employers pursuant to subsection 1 of this section for any period of time for which the director determines that requiring the acceptance of small employers in accordance with the provisions of subsection 1 of this section would place the small employer carrier in a financially impaired condition, and the small employer is applying this subsection uniformly to all small employers in the small group market in this state consistent with applicable state law and without regard to the claims experience of a small employer and its employees and their dependents or any health status-related factor relating to such employees and their dependents."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Mr. Speaker: Your Committee on Health Insurance, to which was referred **HB 2211**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Amendment No. 1**, and pursuant to Rule 27(8) be referred to the Select Committee on Insurance.

House Committee Amendment No. 1

AMEND House Bill No. 2211, Page 1, In the Title, Line 3, by deleting the words, "premium rate filings"; and

Further amend said bill, Pages 1 through 4, Section 376.465, Lines 1 through 82, Section 376.466, Lines 1 through 30, and Section 376.469, Lines 1 through 8, by deleting all of said sections and lines and inserting in lieu thereof the following:

"374.185. 1. The director may cooperate, coordinate, and consult with other members of the National Association of Insurance Commissioners, the commissioner of securities, state securities regulators, the division of finance, the division of credit unions, the attorney general, federal banking and securities regulators, the National Association of Securities Dealers (NASD), the United States Department of Justice, the Commodity Futures Trading Commission, [and] the Federal Trade Commission, **and the United States Department of Health and Human Services** to effectuate greater uniformity in insurance and financial services regulation among state and federal governments, and self-regulatory organizations. The director may share records with any aforesaid entity, except that any record that is confidential, privileged, or otherwise protected from disclosure by law shall not be disclosed unless such entity agrees in writing prior to receiving such record to provide it the same protection. No waiver of any applicable privilege or claim of confidentiality regarding any record shall occur as the result of any disclosure.

2. In cooperating, coordinating, consulting, and sharing records and information under this section and in acting by rule, order, or waiver under the laws relating to insurance, the director shall, at the discretion of the director, take into consideration in carrying out the public interest the following general policies:

- (1) Maximizing effectiveness of regulation for the protection of insurance consumers;
- (2) Maximizing uniformity in regulatory standards; and
- (3) Minimizing burdens on the business of insurance, without adversely affecting essentials of consumer protection.

3. The cooperation, coordination, consultation, and sharing of records and information authorized by this section includes:

- (1) Establishing or employing one or more designees as a central electronic depository for licensing and rate and form filings with the director and for records required or allowed to be maintained;
- (2) Encouraging insurance companies and producers to implement electronic filing through a central electronic depository;
- (3) Developing and maintaining uniform forms;
- (4) Conducting joint market conduct examinations and other investigations through collaboration and cooperation with other insurance regulators;
- (5) Holding joint administrative hearings;
- (6) Instituting and prosecuting joint civil or administrative enforcement proceedings;
- (7) Sharing and exchanging personnel;
- (8) Coordinating licensing under section 375.014;
- (9) Formulating rules, statements of policy, guidelines, forms, no action determinations, and bulletins; and
- (10) Formulating common systems and procedures.

376.465. 1. This section shall be known and may be cited as the "Missouri Health Insurance Rate Transparency Act".

2. It is the intent of the Missouri general assembly that the review of health insurance rates as specified in this section is consistent with the general powers of the department as outlined under section 374.010.

3. As used in this section, the following terms mean:

(1) "Director", the director of the department of insurance, financial institutions and professional registration, or his or her designee;

- (2) "Excepted health benefit plan", a health benefit plan providing the following coverage or any combination thereof:
- (a) Coverage only for accident insurance, including accidental death and dismemberment insurance;
 - (b) Coverage only for disability income insurance;
 - (c) Credit-only insurance;
 - (d) Short-term medical insurance of less than twelve months' duration; or
 - (e) If provided under a separate policy, certificate, or contract of insurance, any of the following:
 - a. Dental or vision benefits;
 - b. Coverage only for a specified disease or illness; or
 - c. Hospital indemnity or other fixed indemnity insurance;
- (3) "Grandfathered health benefit plan", a health benefit plan in the small group market that was issued, or a health benefit plan in the individual market that was purchased, on or before March 23, 2010;
- (4) "Health benefit plan", the same meaning given to such term under section 376.1350; however, for purposes of this section, the term shall exclude plans sold in the large group market, as that term is defined under section 376.450, and shall exclude long-term care and Medicare supplement plans;
- (5) "Health carrier", the same meaning given to such term under section 376.1350;
- (6) "Individual market", the market for health insurance coverage offered directly to individuals and their dependents and not in connection with a group health benefit plan;
- (7) "Small group market", the health insurance market under which individuals obtain health insurance coverage, directly or through an arrangement on behalf of themselves and their dependents, through a group health plan maintained by a small employer, as defined under section 379.930.
4. No health carrier shall deliver, issue for delivery, continue, or renew any health benefit plan until rates have been filed with the director.
5. For excepted health benefit plans, such rates shall be filed, thirty days prior to use, for informational purposes only. Rates shall not be excessive, inadequate, or unfairly discriminatory.
6. For grandfathered health benefit plans, such rates shall be filed, thirty days prior to use, for informational purposes only.
7. (1) For health benefit plans that are not grandfathered health benefit plans or excepted health benefit plans, a health carrier may use rates on the earliest of:
- (a) The date the director determines the rates are reasonable;
 - (b) The date the health carrier notifies the director of its intent to use rates that the director has deemed unreasonable; or
 - (c) Sixty days after the date of filing rates with the director.
- (2) The director may notify the health carrier within sixty days of the date of filing rates with the director that the health carrier has failed to provide sufficient rate filing documentation to review the proposed rates. The health carrier may, as described in this section, provide additional information to support the rate filing.
8. For health benefit plans described under subsection 7 of this section, all proposed rates and rate filing documentation shall be submitted in the form and content prescribed by rule, which is consistent with the requirements of 45 CFR 154, and shall include review standards and criteria consistent with 45 CFR 154.
9. The director shall determine by rule when rates filed under this section shall be made publicly available. Rate filing documentation and other supporting information that is a trade secret or of a proprietary nature, and has been designated as such by the health carrier, shall not be considered a public record.
10. For rates filed for health benefit plans described under subsection 7 of this section, the director shall:
- (1) Provide a means by which the public can submit written comments concerning proposed rate increases;
 - (2) Review proposed rates and rate filing documentation;
 - (3) Determine that a proposed rate is an unreasonable rate if the increase is an excessive rate, an inadequate rate, an unfairly discriminatory rate, or an unjustified rate, consistent with 45 CFR 154; and
 - (4) Within sixty days after submission, provide a written notice to the health carrier detailing whether the proposed rates are reasonable or unreasonable. For proposed rates deemed unreasonable, the written notice shall specify deficiencies and provide detailed reasons for the director's decision that the proposed rate is excessive, inadequate, unjustified, or unfairly discriminatory.

11. Within thirty days after receiving written notice of the director's determination that the proposed rates are unreasonable, as described under subsection 10 of this section, a health carrier may amend its rates, request reconsideration based upon additional information, or implement the proposed rates. The health carrier shall notify the director of its intention no later than thirty days after its receipt of the written notice of the determination of unreasonable rates.

12. If a health carrier implements a rate that the director has determined is unreasonable under subsection 10 of this section, the department shall make such determination public, in a form and manner determined by rule.

13. For health benefit plans described under subsection 7 of this section, the director shall publish final rates on the department's website no earlier than thirty days prior to the first day of the annual open enrollment period in the individual market for the applicable calendar year. The final rate is the rate that will be implemented by the health carrier on a specified date.

14. Time frames described under this section may be extended upon mutual agreement between the director and the health carrier.

15. The director may promulgate rules to promote health insurance rate transparency including, but not limited to, prescribing the form and content of the information required to be submitted and of the standards of review that are consistent with 45 CFR 154. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

16. This section shall apply to health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2018. In order to ensure that health benefit plans comply with the provisions of this section, the director shall promulgate rules regarding the initial implementation of the provisions of this section. Such rules shall be effective no later than March 1, 2017, and, for health benefit plans described under subsection 7 of this section, shall include, but not be limited to, the form and content of the information required to be submitted and of the standards of review, consistent with 45 CFR 154.

379.934. 1. **For health benefit plans purchased on or before March 23, 2010,** a small employer carrier may establish a class of business only to reflect substantial differences in expected claims experience or administrative costs related to the following reasons:

- (1) The small employer carrier uses more than one type of system for the marketing and sale of health benefit plans to small employers;
- (2) The small employer carrier has acquired a class of business from another small employer carrier; or
- (3) The small employer carrier provides coverage to one or more association groups that meet the requirements of subdivision (5) of subsection 1 of section 376.421.

2. A small employer carrier may establish up to nine separate classes of business under subsection 1 of this section. A small employer carrier which immediately prior to the effective date of sections 379.930 to 379.952 had established more than nine separate classes of business may, on the effective date of sections 379.930 to 379.952, establish no more than twelve separate classes of business, and shall reduce the number of such classes to eleven within one year after the effective date of sections 379.930 to 379.952; ten within two years after such date; and nine within three years after such date.

3. The director may promulgate rules to provide for a period of transition in order for a small employer carrier to come into compliance with subsection 2 of this section in the instance of acquisition of an additional class of business from another small employer carrier.

4. The director may approve the establishment of additional classes of business upon application to the director and a finding by the director that such action would enhance the efficiency and fairness of the small employer marketplace.

379.936. 1. Premium rates for health benefit plans **purchased on or before March 23, 2010, and that are** subject to sections 379.930 to 379.952, shall be subject to the following provisions:

(1) The index rate for a rating period for any class of business shall not exceed the index rate for any other class of business by more than twenty percent;

(2) For a class of business, the premium rates charged during a rating period to small employers with similar case characteristics for the same or similar coverage, or the rates that could be charged to such employers under the rating system for that class of business shall not vary from the index rate by more than thirty-five percent of the index rate;

(3) The percentage increase in the premium rate charged to a small employer for a new rating period may not exceed the sum of the following:

(a) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period. In the case of a health benefit plan into which the small employer carrier is no longer enrolling new small employers, the small employer carrier shall use the percentage change in the base premium rate, provided that such change does not exceed, on a percentage basis, the change in the new business premium rate for the most similar health benefit plan into which the small employer carrier is actively enrolling new small employers;

(b) Any adjustment, not to exceed fifteen percent annually and adjusted pro rata for rating periods of less than one year, due to the claim experience, health status or duration of coverage of the employees or dependents of the small employer as determined from the small employer carrier's rate manual for the class of business; and

(c) Any adjustment due to change in coverage or change in the case characteristics of the small employer, as determined from the small employer carrier's rate manual for the class of business;

(4) Adjustments in rates for claim experience, health status and duration of coverage shall not be charged to individual employees or dependents. Any such adjustment shall be applied uniformly to the rates charged for all employees and dependents of the small employer;

(5) Premium rates for health benefit plans shall comply with the requirements of this section notwithstanding any assessments paid or payable by small employer carriers pursuant to sections 379.942 and 379.943;

(6) A small employer carrier may utilize the employer's industry as a case characteristic in establishing premium rates, provided that the rate factor associated with any industry classification shall not vary by more than ten percent from the arithmetic mean of the highest and lowest rate factors associated with all industry classifications;

(7) In the case of health benefit plans issued prior to July 1, 1993, a premium rate for a rating period may exceed the ranges set forth in subdivisions (1) and (2) of this subsection for a period of three years following July 1, 1993. In such case, the percentage increase in the premium rate charged to a small employer for a new rating period shall not exceed the sum of the following:

(a) The percentage change in the new business premium rate measured from the first day of the prior rating period to the first day of the new rating period. In the case of a health benefit plan into which the small employer carrier is no longer enrolling new small employers, the small employer carrier shall use the percentage change in the base premium rate, provided that such change does not exceed, on a percentage basis, the change in the new business premium rate for the most similar health benefit plan into which the small employer carrier is actively enrolling new small employers;

(b) Any adjustment due to change in coverage or change in the case characteristics of the small employer, as determined from the carrier's rate manual for the class of business;

(8) (a) Small employer carriers shall apply rating factors, including case characteristics, consistently with respect to all small employers in a class of business. Rating factors shall produce premiums for identical groups which differ only by amounts attributable to plan design and do not reflect differences due to the nature of the groups assumed to select particular health benefit plans;

(b) A small employer carrier shall treat all health benefit plans issued or renewed in the same calendar month as having the same rating period;

(9) For the purposes of this subsection, a health benefit plan that utilizes a restricted provider network shall not be considered similar coverage to a health benefit plan that does not utilize such a network, provided that utilization of the restricted provider network results in substantial differences in claims costs;

(10) A small employer carrier shall not use case characteristics, other than age, sex, industry, geographic area, family composition, and group size without prior approval of the director;

(11) The director may promulgate rules to implement the provisions of this section and to assure that rating practices used by small employer carriers are consistent with the purposes of sections 379.930 to 379.952, including:

(a) Assuring that differences in rates charged for health benefit plans by small employer carriers are reasonable and reflect objective differences in plan design, not including differences due to the nature of the groups assumed to select particular health benefit plans; and

(b) Prescribing the manner in which case characteristics may be used by small employer carriers.

2. A small employer carrier shall not transfer a small employer involuntarily into or out of a class of business. A small employer carrier shall not offer to transfer a small employer into or out of a class of business unless such offer is made to transfer all small employers in the class of business without regard to case characteristics, claim experience, health status or duration of coverage.

3. The director may suspend for a specified period the application of subdivision (1) of subsection 1 of this section as to the premium rates applicable to one or more small employers included within a class of business of a small employer carrier for one or more rating periods upon a filing by the small employer carrier and a finding by the director either that the suspension is reasonable in light of the financial condition of the small employer carrier or that the suspension would enhance the efficiency and fairness of the marketplace for small employer health insurance.

4. In connection with the offering for sale of any health benefit plan to a small employer, a small employer carrier shall make a reasonable disclosure, as part of its solicitation and sales materials, of all of the following:

(1) The extent to which premium rates for a specified small employer are established or adjusted based upon the actual or expected variation in claims costs or actual or expected variation in health status of the employees of the small employer and their dependents;

(2) The provisions of the health benefit plan concerning the small employer carrier's right to change premium rates and factors, other than claim experience, that affect changes in premium rates;

(3) The provisions relating to renewability of policies and contracts; and

(4) The provisions relating to any preexisting condition provision.

5. (1) Each small employer carrier shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles.

(2) Each small employer carrier shall file with the director annually on or before March fifteenth an actuarial certification certifying that the carrier is in compliance with sections 379.930 to 379.952 and that the rating methods of the small employer carrier are actuarially sound. Such certification shall be in a form and manner, and shall contain such information, as specified by the director. A copy of the certification shall be retained by the small employer carrier at its principal place of business.

(3) A small employer carrier shall make the information and documentation described in subdivision (1) of this [section] **subsection** available to the director upon request.

379.938. 1. A health benefit plan subject to sections 379.930 to 379.952 shall be renewable with respect to all eligible employees and dependents, at the option of the small employer, except in any of the following cases:

(1) The plan sponsor fails to pay a premium or contribution in accordance with the terms of a health benefit plan or the health carrier has not received a timely premium payment;

(2) The plan sponsor performs an act or practice that constitutes fraud, or makes an intentional misrepresentation of material fact under the terms of the coverage;

(3) Noncompliance with the carrier's minimum participation requirements;

(4) Noncompliance with the carrier's employer contribution requirements;

(5) In the case of a small employer carrier that offers coverage through a network plan, there is no longer any enrollee under the health benefit plan who lives, resides or works in the service area of the health insurance issuer and the small employer carrier would deny enrollment with respect to such plan under subsection 4 of this section;

(6) The small employer carrier elects to discontinue offering a [particular type of health benefit plan] **product, as defined in 45 CFR 144.103**, in the state's small group market. A type of [health benefit plan] **product** may be discontinued by a small employer carrier in such market only if such carrier:

(a) Issues a notice to each plan sponsor provided coverage of such type in the small group market (and participants and beneficiaries covered under such coverage) of the discontinuation at least ninety days prior to the date of discontinuation of the coverage;

(b) Offers to each plan sponsor provided coverage of such type the option to purchase all other health benefit plans currently being offered by the small employer carrier in the state's small group market; and

(c) Acts uniformly without regard to the claims experience of those plan sponsors or any health status-related factor relating to any participants or beneficiaries covered or new participants or beneficiaries who may become eligible for such coverage;

(7) A small employer carrier elects to discontinue offering all health insurance coverage in the small group market in this state. A small employer carrier shall not discontinue offering all health insurance coverage in the small employer market unless:

(a) The carrier provides notice of discontinuation to the director and to each plan sponsor (and participants and beneficiaries covered under such coverage) at least one hundred eighty days prior to the date of the discontinuation of coverage; and

(b) All health insurance issued or delivered for issuance in Missouri in the small employer market is discontinued and coverage under such health insurance is not renewed;

(8) In the case of health insurance coverage that is made available in the small group market only through one or more bona fide associations, the membership of an employer in the association (on the basis of which the coverage is provided) ceases but only if such coverage is terminated under this subdivision uniformly without regard to any health status-related factor relating to any covered individual;

(9) The director finds that the continuation of the coverage would:

(a) Not be in the best interests of the policyholders or certificate holders; or

(b) Impair the carrier's ability to meet its contractual obligations.

In such instance the director shall assist affected small employers in finding replacement coverage.

2. A small employer carrier that elects not to renew a health benefit plan under subdivision (7) of subsection 1 of this section shall be prohibited from writing new business in the small employer market in this state for a period of five years from the date of notice to the director.

3. In the case of a small employer carrier doing business in one established geographic service area of the state, the provisions of this section shall apply only to the carrier's operations in such service area.

4. At the time of coverage renewal, a health insurance issuer may modify the health insurance coverage for a product offered to a group health plan in the small group market if, for coverage that is available in such market other than only through one or more bona fide associations, such modification is consistent with state law and effective on a uniform basis among group health plans with that product. For purposes of this subsection, renewal shall be deemed to occur not more often than annually on the anniversary of the effective date of the group health plan's health insurance coverage unless a longer term is specified in the policy or contract.

5. In the case of health insurance coverage that is made available by a small employer carrier only through one or more bona fide associations, references to plan sponsor in this section is deemed, with respect to coverage provided to a small employer member of the association, to include a reference to such employer.

379.940. 1. (1) Every small employer carrier shall, as a condition of transacting business in this state with small employers, actively offer to small employers all health benefit plans it actively markets to small employers in this state, except for plans developed for health benefit trust funds.

(2) (a) A small employer carrier shall issue a health benefit plan to any eligible small employer that applies for either such plan and agrees to make the required premium payments and to satisfy the other reasonable provisions of the health benefit plan not inconsistent with sections 379.930 to 379.952.

(b) **For health benefit plans purchased on or before March 23, 2010**, in the case of a small employer carrier that establishes more than one class of business pursuant to section 379.934, the small employer carrier shall maintain and issue to eligible small employers all health benefit plans in each class of business so established. A small employer carrier may apply reasonable criteria in determining whether to accept a small employer into a class of business, provided that:

a. The criteria are not intended to discourage or prevent acceptance of small employers applying for a health benefit plan;

b. The criteria are not related to the health status or claim experience of the small employer;

c. The criteria are applied consistently to all small employers applying for coverage in the class of business; and

d. The small employer carrier provides for the acceptance of all eligible small employers into one or more classes of business. The provisions of this paragraph shall not apply to a class of business into which the small employer carrier is no longer enrolling new small employers.

2. Health benefit plans **purchased on or before March 23, 2010** covering small employers shall comply with the following provisions:

(1) A health benefit plan shall comply with the provisions of sections 376.450 and 376.451.

(2) (a) Except as provided in paragraph (d) of this subdivision, requirements used by a small employer carrier in determining whether to provide coverage to a small employer, including requirements for minimum participation of eligible employees and minimum employer contributions, shall be applied uniformly among all small employers with the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier.

(b) A small employer carrier shall not require a minimum participation level greater than:

- a. One hundred percent of eligible employees working for groups of three or less employees; and
- b. Seventy-five percent of eligible employees working for groups with more than three employees.

(c) In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider employees or dependents who have qualifying existing coverage in determining whether the applicable percentage of participation is met.

(d) A small employer carrier shall not increase any requirement for minimum employee participation or modify any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage.

(3) (a) If a small employer carrier offers coverage to a small employer, the small employer carrier shall offer coverage to all of the eligible employees of a small employer and their dependents who apply for enrollment during the period in which the employee first becomes eligible to enroll under the terms of the plan. A small employer carrier shall not offer coverage to only certain individuals or dependents in a small employer group or to only part of the group.

(b) A small employer carrier shall not modify a health benefit plan with respect to a small employer or any eligible employee or dependent through riders, endorsements or otherwise, to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.

(c) An eligible employee may choose to retain their individually underwritten health benefit plan at the time such eligible employee is entitled to enroll in a small employer health benefit plan. If the eligible employee retains their individually underwritten health benefit plan, a small employer may provide a defined contribution through the establishment of a cafeteria 125 plan under section 379.953. Small employers shall establish an equal amount of defined contribution for all plans. If an eligible employee retains their individually underwritten health benefit plan under this subdivision, the provisions of sections 379.930 to 379.952 shall not apply to the individually underwritten health benefit plan.

3. (1) Subject to subdivision (3) of this subsection, a small employer carrier shall not be required to offer coverage or accept applications pursuant to subsection 1 of this section in the case of the following:

(a) To a small employer, where the small employer is not physically located in the carrier's established geographic service area;

(b) To an employee, when the employee does not live, work or reside within the carrier's established geographic service area; or

(c) Within an area where the small employer carrier reasonably anticipates, and demonstrates to the satisfaction of the director, that it will not have the capacity within its established geographic service area to deliver service adequately to the members of such groups because of its obligations to existing group policyholders and enrollees.

(2) A small employer carrier that cannot offer coverage pursuant to paragraph (c) of subdivision (1) of this subsection may not offer coverage in the applicable area to new cases of employer groups with more than fifty eligible employees or to any small employer groups until the later of one hundred eighty days following each such refusal or the date on which the carrier notifies the director that it has regained capacity to deliver services to small employer groups.

(3) A small employer carrier shall apply the provisions of this subsection uniformly to all small employers without regard to the claims experience of a small employer and its employees and their dependents or any health status-related factor relating to such employees and their dependents.

4. A small employer carrier shall not be required to provide coverage to small employers pursuant to subsection 1 of this section for any period of time for which the director determines that requiring the acceptance of small employers in accordance with the provisions of subsection 1 of this section would place the small employer carrier in a financially impaired condition, and the small employer is applying this subsection uniformly to all small

employers in the small group market in this state consistent with applicable state law and without regard to the claims experience of a small employer and its employees and their dependents or any health status-related factor relating to such employees and their dependents."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Committee on Workforce Standards and Development, Chairman Lant reporting:

Mr. Speaker: Your Committee on Workforce Standards and Development, to which was referred **SB 702**, begs leave to report it has examined the same and recommends that it **Do Pass**, and pursuant to Rule 27(10) be referred to the Select Committee on Labor and Industrial Relations.

Select Committee on Education, Chairman Lair reporting:

Mr. Speaker: Your Select Committee on Education, to which was referred **HB 1640**, begs leave to report it has examined the same and recommends that it **Do Pass with House Committee Substitute**.

Select Committee on Insurance, Chairman Engler reporting:

Mr. Speaker: Your Select Committee on Insurance, to which was referred **HB 2218**, with **House Committee Amendment No. 1**, begs leave to report it has examined the same and recommends that it **Do Not Pass**.

SENATE CONSENT BILLS

Pursuant to Rule 48, the following bill has remained on the Senate Consent Calendar for Third Reading for five legislative days without any objection, and all committee amendments are hereby adopted by consent: **SB 660**.

MESSAGES FROM THE SENATE

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS SB 638** entitled:

An act to repeal section 170.011, RSMo, and to enact in lieu thereof four new sections relating to civics education.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SS SB 659** entitled:

An act to amend chapter 304, RSMo, by adding thereto one new section relating to the regulation of autocycles.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS SBs 661, 726 & 741** entitled:

An act to repeal section 563.046 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 563.046 as enacted by senate bill no. 60, seventy-ninth general assembly, first regular session, RSMo, and to enact in lieu thereof two new sections relating to actions committed by government officials, with an emergency clause for a certain section and an effective date for a certain section.

Emergency clause adopted.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 681** entitled:

An act to repeal section 217.722, RSMo, and to enact in lieu thereof one new section relating to probation violations.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 827** entitled:

An act to amend chapter 633, RSMo, by adding thereto one new section relating to dyslexia.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS SB 856** entitled:

An act to amend chapter 135, RSMo, by adding thereto one new section relating to tax deductions for employee stock ownership plans.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 899** entitled:

An act to amend chapter 227, RSMo, by adding thereto four new sections relating to the designation of certain memorial transportation infrastructure.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 932** entitled:

An act to repeal section 370.230, RSMo, and to enact in lieu thereof one new section relating to credit union supervisory committees.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 947** entitled:

An act to amend chapter 379, RSMo, by adding thereto five new sections relating to transportation network company insurance.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 985** entitled:

An act to amend chapter 335, RSMo, by adding thereto twelve new sections relating to the nurse licensure compact, with an effective date.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SCS SB 996** entitled:

An act to repeal section 160.415, RSMo, and to enact in lieu thereof one new section relating to distribution of state school aid for charter schools, with an emergency clause.

Emergency clause adopted.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 1002** entitled:

An act to repeal section 67.1471, RSMo, and to enact in lieu thereof one new section relating to community improvement districts.

In which the concurrence of the House is respectfully requested.

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed **SB 1025** entitled:

An act to repeal sections 144.010, 144.018, and 144.020, RSMo, and to enact in lieu thereof three new sections relating to the taxation of instructional classes.

In which the concurrence of the House is respectfully requested.

ADJOURNMENT

On motion of Representative Austin, the House adjourned until 10:00 a.m., Tuesday, April 19, 2016.

COMMITTEE HEARINGS

AGRICULTURE POLICY

Tuesday, April 19, 2016, 12:30 PM or Upon Morning Adjournment (whichever is later),
House Hearing Room 6.

Public hearing will be held: SB 994

Executive session will be held: HB 2412

Executive session may be held on any matter referred to the committee.

APPROPRIATIONS - HEALTH, MENTAL HEALTH, AND SOCIAL SERVICES

Wednesday, April 20, 2016, 5:00 PM or Upon Conclusion of Afternoon Session (whichever
is later), House Hearing Room 3.

Executive session may be held on any matter referred to the committee.

Presentation on the Medicaid Pharmacy and Drug Rebate programs by PhRMA.

CORRECTED

APPROPRIATIONS - HIGHER EDUCATION

Tuesday, April 19, 2016, 1:00 PM, House Hearing Room 3.

Executive session may be held on any matter referred to the committee.

Testimony regarding the need to expand higher education in the technical fields to meet growing
workforce of Missouri.

CHILDREN AND FAMILIES

Tuesday, April 19, 2016, 12:00 PM or Upon Conclusion of Morning Session (whichever is later),
House Hearing Room 1.

Public hearing will be held: HB 2127, HB 2384, HB 2580

Executive session will be held: HB 2558, SCS SBs 688 & 854, HB 2624, HB 2492

Executive session may be held on any matter referred to the committee.

AMENDED

CIVIL AND CRIMINAL PROCEEDINGS

Wednesday, April 20, 2016, 12:00 PM or Upon Conclusion of Morning Session, House Hearing
Room 1.

Public hearing will be held: HB 2433, SCS SB 618, SS SCS SB 698, SB 735, SCS SB 804

Executive session will be held: HB 2438, HB 2551

Executive session may be held on any matter referred to the committee.

CONSUMER AFFAIRS

Tuesday, April 19, 2016, 5:00 PM or Upon Afternoon Adjournment, House Hearing Room 4.

Public hearing will be held: HB 1439, HB 2163

Executive session may be held on any matter referred to the committee.

CORRECTIONS

Wednesday, April 20, 2016, 8:00 AM, House Hearing Room 5.

Public hearing will be held: HB 1506, HB 2552, SS SCS SB 986

Executive session will be held: SS SCS SB 986

Executive session may be held on any matter referred to the committee.

ECONOMIC DEVELOPMENT AND BUSINESS ATTRACTION AND RETENTION

Tuesday, April 19, 2016, 2:00 PM or Upon the Conclusion of Afternoon Session (whichever is later), House Hearing Room 4.

Public hearing will be held: HB 2489, SCS SB 800, HB 2455

Executive session will be held: HB 1391, SB 879, HB 2489

Executive session may be held on any matter referred to the committee.

If the House convenes for an afternoon session, we will meet upon the conclusion of the afternoon session.

ELECTIONS

Tuesday, April 19, 2016, 8:15 AM, House Hearing Room 5.

Public hearing will be held: SS SB 786, HB 2545, HB 2521, HB 2446

Executive session may be held on any matter referred to the committee.

EMERGING ISSUES IN EDUCATION

Tuesday, April 19, 2016, Upon Conclusion of Morning Session, South Gallery.

Executive session will be held: HB 2314

Executive session may be held on any matter referred to the committee.

EMPLOYMENT SECURITY

Wednesday, April 20, 2016, 8:30 AM, House Hearing Room 7.

Public hearing will be held: HB 1836

Executive session may be held on any matter referred to the committee.

HEALTH AND MENTAL HEALTH POLICY

Tuesday, April 19, 2016, Upon Conclusion of Afternoon Session, House Hearing Room 6.

Public hearing will be held: SB 627, SCS SB 646, SB 864, SB 988

Executive session may be held on any matter referred to the committee.

HEALTH INSURANCE

Wednesday, April 20, 2016, 9:00 AM, House Hearing Room 4.

Public hearing will be held: SCS SB 973

Executive session may be held on any matter referred to the committee.

HIGHER EDUCATION

Tuesday, April 19, 2016, 8:00 AM, House Hearing Room 6.

Public hearing will be held: SB 997, SCS SB 650, HB 2693, HB 2576

Executive session may be held on any matter referred to the committee.

JOINT COMMITTEE ON EDUCATION

Monday, May 2, 2016, 12:00 PM, House Hearing Room 3.

Executive session may be held on any matter referred to the committee.

Election of Chair and Vice-Chair; Recognition of Outgoing Members; Discussion of Interim Projects.

JOINT COMMITTEE ON LEGISLATIVE RESEARCH

Thursday, April 21, 2016, 9:30 AM, House Hearing Room 4.

Executive session may be held on any matter referred to the committee.

Board of Public Buildings Request.

JOINT COMMITTEE ON PUBLIC EMPLOYEE RETIREMENT

Thursday, April 21, 2016, 9:00 AM, House Hearing Room 3.

Executive session may be held on any matter referred to the committee.

2nd Quarter Meeting

Portions of the meeting may be closed pursuant to Section 610.021, RSMo.

LOCAL GOVERNMENT

Tuesday, April 19, 2016, 12:00 PM or Upon Conclusion of Morning Session (whichever is later), House Hearing Room 5.

Public hearing will be held: HB 2680

Executive session may be held on any matter referred to the committee.

PENSIONS

Tuesday, April 19, 2016, 9:00 AM, House Hearing Room 4.

Public hearing will be held: HB 2459

Executive session may be held on any matter referred to the committee.

PROFESSIONAL REGISTRATION AND LICENSING

Tuesday, April 19, 2016, 12:00 PM or Upon Morning Recess (whichever is later), House Hearing Room 4.

Public hearing will be held: SB 831, SCS SB 836, HB 2347

Executive session will be held: SB 835

Executive session may be held on any matter referred to the committee.

PUBLIC SAFETY AND EMERGENCY PREPAREDNESS

Monday, May 9, 2016, 2:00 PM, House Hearing Room 5.

Public hearing will be held: HB 1516, HB 1520, HB 1521, HB 1522, HB 1523

Executive session may be held on any matter referred to the committee.

CORRECTED

SELECT COMMITTEE ON AGRICULTURE

Tuesday, April 19, 2016, 8:00 AM, House Hearing Room 4.

Executive session will be held: SB 665, SCS SB 703

Executive session may be held on any matter referred to the committee.

SELECT COMMITTEE ON RULES

Wednesday, April 20, 2016, 5:00 PM or Upon Evening Adjournment (whichever is later), House Hearing Room 5.

Executive session will be held: SB 887

Executive session may be held on any matter referred to the committee.

SPECIAL COMMITTEE ON URBAN ISSUES

Tuesday, April 19, 2016, 9:00 AM, House Hearing Room 7.

Executive session may be held on any matter referred to the committee.

Discussion of several problems with childcare services.

CORRECTED

TRANSPORTATION

Tuesday, April 19, 2016, 12:30 PM, House Hearing Room 7.

Public hearing will be held: HB 2423, HB 2424, SB 625, SB 852, SB 909, SB 915, SCS SB 1009

Executive session will be held: HB 2423, HB 2424, SB 625, SB 852, SB 909, SB 915, SCS SB 1009, SB 640

Executive session may be held on any matter referred to the committee.

UTILITY INFRASTRUCTURE

Wednesday, April 20, 2016, 8:00 AM, House Hearing Room 6.

Public hearing will be held: HB 2510

Executive session may be held on any matter referred to the committee.

VETERANS

Tuesday, April 19, 2016, 8:30 AM, House Hearing Room 1.

Public hearing will be held: SCS SB 855

Executive session will be held: SCS SB 855

Executive session may be held on any matter referred to the committee.

WAYS AND MEANS

Tuesday, April 19, 2016, 5:00 PM, House Hearing Room 1.

Public hearing will be held: HB 2333, SS SB 799, SB 897

Executive session will be held: SB 641, SCS SB 794, SCS SB 823

Executive session may be held on any matter referred to the committee.

HOUSE CALENDAR

FIFTY-FIFTH DAY, TUESDAY, APRIL 19, 2016

HOUSE JOINT RESOLUTIONS FOR PERFECTION

HCS HJR 56 - Burlison

HJR 59 - Lauer

HOUSE BILLS FOR PERFECTION

HCS HB 1995 - Cornejo
HB 1396 - McCreery
HB 1389 - King
HB 1534 - Flanigan
HB 2322 - Rowden
HB 1965 - Zerr
HCS HB 2345 - Kolkmeier
HCS HB 2327 - Curtis
HCS HB 1465 - Burlison
HB 1754 - Bahr
HCS HB 2496 - Fitzpatrick
HB 2243 - Cornejo
HCS HB 2388, with HA 1, pending - Fitzwater (144)
HCS HBs 2565 & 2564 - Montecillo
HB 2575 - Montecillo
HB 1468, as amended, with HA 2, as amended, pending - Burlison
HCS HB 2399 - Colona
HCS HB 1578 - Higdon
HCS HB 2213 - Hinson
HCS HB 1945 - Spencer
HCS HB 1605 - Kelley
HB 2448 - Conway (10)
HCS HB 1679 - Solon
HCS HB 1866 - Hubrecht
HB 1831 - McGaugh
HCS HB 2367 - McGaugh
HB 2271 - Entlicher
HCS HB 1561 - Leara
HCS HB 2472 - Franklin
HB 2042 - Curtman
HB 2473, with HCA 1 - Montecillo
HB 1755 - Bahr
HB 1685 - Fitzwater (49)
HB 1792 - Lauer
HCS HB 1955 - Dohrman
HB 1585 - Hill
HB 1969 - Anderson
HB 1731 - Reiboldt
HCS HB 2566 - Pfautsch
HCS HB 2057 - Bernskoetter
HCS HB 2344 - Wilson
HCS HB 2269 - Frederick
HCS HB 1765 - Cornejo
HCS HBs 1589 & 2307 - Koenig

HOUSE CONCURRENT RESOLUTIONS FOR THIRD READING

HCS HCR 94 - Hummel
HCS HCR 60 - Love
HCR 99 - Hinson
HCS HCR 91 - Walton Gray
HCS HCR 57 - Burlison
HCR 72 - Fitzwater (49)
HCR 66 - Hubrecht

HOUSE BILLS FOR THIRD READING - CONSENT

HB 2348 - Richardson

SENATE BILLS FOR SECOND READING

SCS SB 638
SS SB 659
SCS SBs 661, 726 & 741
SB 681
SB 827
SCS SB 856
SB 899
SB 932
SB 947
SB 985
SCS SB 996
SB 1002
SB 1025

SENATE BILLS FOR THIRD READING - CONSENT

SB 660 - Dugger

SENATE BILLS FOR THIRD READING

SS#2 SB 847 - McGaugh
SCS SB 591 - Corlew
SS SCS SB 838 - Crawford
SB 579 - Frederick
SCS SBs 620 & 582 - Swan
HCS SB 639 - Walker
SB 655 - Reiboldt
HCS SS SCS SB 657 - Houghton
SB 664 - Franklin
HCS SB 677 - Franklin

SB 875 - Hubrecht
HCS SS SB 621, E.C. - Barnes
SB 700 - Dohrman
HCS SCS SB 814 - Davis
SCS SBs 586 & 651, E.C. - Swan

BILLS IN CONFERENCE

SCS HCS HB 2002 - Flanigan
SCS HCS HB 2003 - Flanigan
SCS HCS HB 2004 - Flanigan
SCS HCS HB 2005 - Flanigan
SCS HCS HB 2006 - Flanigan
SCS HCS HB 2007 - Flanigan
SCS HCS HB 2008 - Flanigan
SCS HCS HB 2009 - Flanigan
SCS HCS HB 2010, as amended - Flanigan
SCS HCS HB 2011 - Flanigan
SCS HCS HB 2012 - Flanigan
SCS HCS HB 2014 - Flanigan
CCR#2 SS SCS HB 2203, as amended - Barnes

HOUSE RESOLUTIONS

HR 1103 - Richardson

VETOED HOUSE BILLS

SS HCS HB 1891 – Rehder

VETOED SENATE BILLS

SCR 46 - Barnes

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

SCS HCS HB 1 - Flanigan
CCS SCS HCS HB 2 - Flanigan
CCS SCS HCS HB 3 - Flanigan
CCS SCS HCS HB 4 - Flanigan
CCS SCS HCS HB 5 - Flanigan
CCS SCS HCS HB 6 - Flanigan
CCS SCS HCS HB 7 - Flanigan
CCS SCS HCS HB 8 - Flanigan
CCS SCS HCS HB 9 - Flanigan

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CCS SCS HCS HB 10 - Flanigan

CCS SCS HCS HB 11 - Flanigan

CCS SS SCS HCS HB 12 - Flanigan

CCS SCS HCS HB 13 - Flanigan

SS SCS HCS HB 17 - Flanigan

SCS HCS HB 18 - Flanigan

SCS HCS HB 19 - Flanigan